

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000031990

Entity Name: MADISON PARK NAPLES FLORIDA LLC**Current Principal Place of Business:**1 FOUNDERS CIRCLE
NAPLES, FL 34104**Current Mailing Address:**1044 CASTELLO DR.
STE 206 C/O SOUTHWEST PROPERTY MANAGEMENT
NAPLES, FL 34103 US**FEI Number:** 61-1711176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT
SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE. 206
NAPLES, FL 34103 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** STEPHEN E WILLIAMS

04/28/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name SOUTHWEST PROPERTY
MANAGEMENT
Address 1044 CASTELLO DR., STE. 206
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name WRUCK, GARY
Address 7807 FOUNDERS CIRCLE
City-State-Zip: NAPLES FL 34104

Title VP
Name GIVNEY, DAVID
Address 820 VALIANT DRIVE
City-State-Zip: NAPLES FL 34104

Title P
Name LOPRESTI, SANDY
Address 8161 PIEDMONT DRIVE
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name FORBES, BOB
Address 7999 PRINCETON DRIVE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name BRUNI, FRANK
Address 8019 PRINCETON DRIVE
City-State-Zip: NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDY LOPRESTI

P

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date