

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 532570

FILED
Jan 06, 2009
Secretary of State

Entity Name: TW MANAGEMENT OF NAPLES, INC.

Current Principal Place of Business:

%REMO CIFANI
430 HERON AVE.
NAPLES, FL 33963

New Principal Place of Business:

%REMO CIFANI
430 HERON AVE.
NAPLES, FL 34108

Current Mailing Address:

%REMO CIFANI
430 HERON AVE.
NAPLES, FL 33963

New Mailing Address:

%REMO CIFANI
430 HERON AVE.
NAPLES, FL 34108

FEI Number: 59-2341401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CENTENARO, NICK S
14600 OLD TAMiami TR
NAPLES, FL 33963 US

Name and Address of New Registered Agent:

CENTENARO, NICK S
14600 OLD TAMiami TR
NAPLES, FL 34108 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: _____

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CENTENARO, NICK S
Address: 14600 OLD TAMiami TR
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: CIFANI, REMO E
Address: 18800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH

Title: D () Delete
Name: CIFANI, JUSTINE
Address: 1800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH

Title: D () Delete
Name: CIFANI, JOSEPH
Address: 1800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CENTENARO, NICK S
Address: 14600 OLD TAMiami TR
City-St-Zip: NAPLES, FL 341-8

Title: D (X) Change () Addition
Name: CIFANI, REMO E
Address: 18800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH 44146

Title: D (X) Change () Addition
Name: CIFANI, JUSTINE
Address: 1800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH 44146

Title: D (X) Change () Addition
Name: CIFANI, JOSEPH
Address: 1800 JEFFERSON DRIVE
City-St-Zip: WALTON HILLS, OH 44146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REMO E. CIFANI

OWNE

01/06/2009

Electronic Signature of Signing Officer or Director

Date