

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653580

FILED
Mar 30, 2005
Secretary of State

Entity Name: NAPLES MANAGEMENT, INC.

Current Principal Place of Business:

5400 TAMiami TR. N.
NAPLES, FL 33963 US

New Principal Place of Business:

Current Mailing Address:

8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US

New Mailing Address:

28351 S. TAMiami TRAIL
BONITA SPRINGS, FL 34134 US

FEI Number: 59-1973579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINIELLO, PATRICK
8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CINIELLO, PATRICK
28351 S. TAMiami TRAIL
BONITA SPRINGS, FL 34134 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:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CINIELLO, PATRICK,
Address: 8800 STRIKE LANE
City-St-Zip: BONITA SPRINGS, FL

Title: V () Delete
Name: CATTANEO, HENRY A.,
Address: 757 RIVERSVILLE RD.
City-St-Zip: GREENWICH, CT

Title: T () Delete
Name: MUSCI, LAWRENCE A.,
Address: 11466 PHOENIX WAY
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CINIELLO, PATRICK,
Address: 28351 S. TAMiami TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK CINIELLO

PS

03/30/2005

Electronic Signature of Signing Officer or Director

Date