


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90109 034 \*\*\*\*61.25

<b>DOCUMENT # 704274</b>	
1. Entity Name <b>GARDEN COURT OF NAPLES, INC.</b>	

Principal Place of Business <b>261 8TH AVE S NAPLES FL 34012 US</b>	Mailing Address <b>C/O FRITZ PROPERTY MGMT. 1622 TRIANGLE PALM TERRACE NAPLES FL 34119-3397 US</b>
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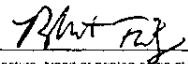
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  <b>FRITZ, ROBERT 1622 TRIANGLE PALM TERRACE NAPLES FL 34119</b>	
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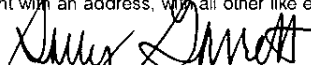
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>3/5/07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>PD GARRET, SALLY 990 8TH ST S 2-C NAPLES FL 34102</b>	
<b>VPD SLAGOR, JOHN 493 5TH AVE S NAPLES FL 34102</b>	<input type="checkbox"/> Delete
<b>TD GARRETT, SALLY 3147 BOCA CIEGA DR NAPLES FL 34112</b>	<input checked="" type="checkbox"/> Delete
<b>D HARMON, JEANNE 261 87TH AVE S NAPLES FL 34102</b>	<input type="checkbox"/> Delete
<b>P WILSON, DIANE 299 B 8TH AVE S NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
<b>D BOLLE, ELLEN 269 8TH AVE S NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD DOUG DECASTER 2890 8TH AVE S. NAPLES FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>SD JIM FLYNN 283 8TH AVE S. NAPLES, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: <b>3-9-07 239-774-8804</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	