2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# 710844

Entity Name: AQUALANE MANOR OF NAPLES, INC.

Current Principal Place of Business:

259 BURNT PINE DR
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

259 BURNT PINE DR
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-1263081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J & M MANAGEMENT
259 BURNT PINE DR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRE ( ) Delete
Name: RONALD, SARAJIAN
Address: 310 14 AVE SOUTH #F
City-St-Zip: NAPLES, FL 34102

Title: SEC ( ) Delete
Name: MCAULEY, MICHAEL
Address: 310 14TH AVE SOUTH #D
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: DOROATHY, PEPPE
Address: 320 14TH AVE SOUTH #A
City-St-Zip: NAPLES, FL 34102

Title: TRE ( ) Delete
Name: EARL, WIVELL
Address: 310 14TH AVE SOUTH #A
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: CROSS, KEN
Address: 292 4TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL WIVELL TRE 02/01/2005

Electronic Signature of Signing Officer or Director — Date