


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

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90020 021 \*\*\*\*61.25

<b>DOCUMENT # 710844</b> 1. Entity Name <b>AQUALANE MANOR OF NAPLES, INC.</b>					
Principal Place of Business <b>259 BURNT PINE DR NAPLES FL 34119 US</b>		Mailing Address <b>259 BURNT PINE DR NAPLES FL 34119 US</b>			
2. Principal Place of Business - No P.O. Box # <b>310-320 14th Ave South</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O MELDON CONSULTANTS 4949 TAMiami TRAIL NORTH SUITE # 201</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-1263081</b>	
Zip <b>34102</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>J &amp; M MANAGEMENT 259 BURNT PINE DR NAPLES FL 34119</b>			7. Name and Address of New Registered Agent Name <b>William S. Moore</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Meldon Consultants 4949 Tamiami Trail North, Suite # 201</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103-3017</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 <u>William S. Moore</u> <b>William S. Moore, Manager</b> <b>4/24/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRE RONALD, SARAJIAN 310 14 AVE SOUTH #F NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC MCAULEY, MICHAEL 310 14TH AVE SOUTH #D NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CROSS, KEN 292 4TH ST SOUTH NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TRE EARL, WIVELL 310 14TH AVE SOUTH #A NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT WIVELL, EARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS CRAWFORD, JANICE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 310C 14th Avenue S. NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input 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:** Earl Wivell **J. EARL WIVELL TREAS.** **4/30/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #