

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710844

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** AQUALANE MANOR OF NAPLES, INC.

**Current Principal Place of Business:**

310-320 14TH AVE S.  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MELDON CONSULTANTS  
4949 TAMiami TRAIL N., STE 201  
NAPLES, FL 34103 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:**

MOORE, WILLIAM S  
C/O MELDON CONSULTANTS  
4949 TAMiami TRAIL N., STE 201  
NAPLES, FL 341033017 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: DP  
Name: RONALD, SARAJIAN  
Address: 310-F 14 AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: DV  
Name: MCAULEY, MICHAEL  
Address: 310-D 14TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: PORTER, JOHN  
Address: 320-F 14TH AVE. S.  
City-St-Zip: NAPLES, FL 34102

Title: DT  
Name: SPERZEL, MATTHEW  
Address: 310-E 14TH AVE. S.  
City-St-Zip: NAPLES, FL 34102

Title: DS  
Name: CRAWFORD, JANICE  
Address: 310-C 14TH AVENUE S  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW SPERZEL

DT

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date