

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 006 ****61.25

14004645



04022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1722222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, FRANCIS X
2500 GULF SHORE BOULEVARD NORTH
NAPLES, FL 33940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BYERS, ROBERT 2500 GULF SHRS BLVD N NAPLES, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICHARDS, ALBERT 2500 GULF SHRS BLVD N NAPLES, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAVANAUGH, FRANCIS X 2500 GULF SHRS BLVD N NAPLES, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DUNLEY, ROBERT 2500 GULF SHRS BLVD N NAPLES, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DECASTRO, PEGGY 2500 GULF SHORE BLVD N NAPLES, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRIAN MURPHY 2500 GULF SHORE BLVD N NAPLES, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GRACE ENTWISTLE 2500 GULF SHORE BLVD N NAPLES, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

239-435-0635

Daytime Phone #