

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

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 023 *****61.25

DOCUMENT # 714564

1. Entity Name

THE CLOISTERS OF NAPLES, INC.



Principal Place of Business

2701 GULF SHORE BLVD., NORTH
NAPLES FL 33940

Mailing Address

2701 GULF SHORE BLVD., NORTH
NAPLES FL 33940

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1235705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONELLY, DON
2701 GSBN
SUITE 103
NAPLES FL 34103

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME CAMP, BARBARA
STREET ADDRESS 2701 GULF SHORE BLVD
CITY- ST- ZIP NAPLES FL 34103

TITLE D ☐ Change ☒ Addition
NAME drew, DAVID
STREET ADDRESS 2701 GULF SHORE BLVD N.
CITY- ST- ZIP NAPLES, FL 34103

TITLE D ☐ Delete
NAME RAYE, JOHN
STREET ADDRESS 2701 GULF SHORE BLVD
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☐ Delete
NAME FOSTER, EDWIN
STREET ADDRESS 2701 GULF SHORE BLVD., N
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME GASTON, PAUL
STREET ADDRESS 2701 GULF SHORE BLVD N
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME JOHNSON, DORIS
STREET ADDRESS 2701 GULF SHORE BLVD N
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME LIA VILLE, DAVID
STREET ADDRESS 2701 GULF SHORE BLVD N
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 recoverer 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

Date

Daytime Phone #

DON DONNELLY 3-10-07 259-261-1368