2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 714564

Entity Name: THE CLOISTERS OF NAPLES, INC.

Current Principal Place of Business:

2701 GULF SHORE BLVD., NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2701 GULF SHORE BLVD., NORTH
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1235705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYE, JOHN R PR.
2701 GSBN
SUITE 303
NAPLES, FL 34103 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: V.P. ( ) Delete
Name: DREW, DAVID
Address: 2701 GULFSHORE BLVD NORTH #602
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete
Name: FOSTER, EDWIN
Address: 2701 GULF SHORE BLVD., VILLA 4
City-St-Zip: NAPLES, FL 34103

Title: SEC ( ) Delete
Name: MOORE, SYLVIA
Address: 2701 GULF SHORE BLVD., N, #502
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: GASTON, PAUL
Address: 2701 GULFSHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: GASTON, PAUL
Address: 2701 GULFSHORE BLVD N., #102
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DREW, DAVID
Address: 2701 GULFSHORE BLVD NORTH #602
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition
Name: ROGERS, CAROL
Address: 2701 GULF SHORE BLVD., VILLA 5
City-St-Zip: NAPLES, FL 34103

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN RAYE PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date