2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 726440

Entity Name: BISCAYNE APARTMENTS OF NAPLES, INC.

Current Principal Place of Business:

4900 BISCAYNE DRIVE
NAPLES, FL 34112

New Principal Place of Business:

4900 BISCAYNE DRIVE
C/O MANAGERS BOX
NAPLES, FL 34112

Current Mailing Address:

4900 BISCAYNE DRIVE
NAPLES, FL 34112

New Mailing Address:

4900 BISCAYNE DRIVE
C/O MANAGERS BOX
NAPLES, FL 34112

FEI Number: 59-1578687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGONAGLE, WILLIAM
4900 BISCAYNE DRIVE
#7
NAPLES, FL 34112 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: ST ( ) Delete
Name: MCGONAGLE, WILLIAM
Address: 4900 BISCAYNE DR. #7
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete
Name: WHIDDEN, BETTY P
Address: 4900 BISCAYNE DR #1
City-St-Zip: NAPLES, FL 34112

Title: D (X) Delete
Name: DEFRANCESCO, HELEN
Address: 4900 BISCANYE DR. #2
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: LEE, JILL
Address: 4900 BISCAYNE DR #8
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PRES (X) Change ( ) Addition
Name: LEE, JILL
Address: 4900 BISCAYNE DR #8
City-St-Zip: NAPLES, FL 34112

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: WILLIAM J MCGONAGLE ST 04/15/2009

Electronic Signature of Signing Officer or Director — Date