

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 16, 2008**  
**Secretary of State**

DOCUMENT# 727576

**Entity Name:** KORWIN APARTMENTS OF NAPLES, INC.**Current Principal Place of Business:**10257 S. GOLDEN ELM DRIVE  
ESTERO, FL 33923**New Principal Place of Business:**4290 GULFSTREAM DRIVE  
NAPLES, FL 34112**Current Mailing Address:**10257 S. GOLDEN ELM DRIVE  
ESTERO, FL 33923**New Mailing Address:**4290 GULFSTREAM DRIVE  
NAPLES, FL 34112**FEI Number:** 20-2727742**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOGALBO, STINA  
10257 S. GOLDEN ELM DRIVE  
ESTERO, FL 33923 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: P/D (X) Delete  
Name: BLOOM, YVONNE  
Address: 7901 LAWDALE LANE NORTH  
City-St-Zip: MAPLES GROVE, MN 55311

Title: V/D ( ) Delete  
Name: REUVERS, MIKE  
Address: 5685 NEWBERRY AVE. NO.  
City-St-Zip: STILLWATER, MN 55082

Title: T/D (X) Delete  
Name: LOGALBO, STINA  
Address: 10257 S. GOLDEN ELM DRIVE  
City-St-Zip: ESTERO, FL 33923

Title: D ( ) Delete  
Name: JOSBERGER, PHILIP  
Address: 4290 GULFSTREAM DRIVE # 9  
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: ( ) 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: STINA LOGALBO

T/D

07/16/2008

Electronic Signature of Signing Officer or Director

Date