2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# 727629

Entity Name: NAPLES FOUR WINDS, INC.

Current Principal Place of Business:

1145 LITTLE NECK COURT
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1145 LITTLE NECK COURT
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1974138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH ST. N SUITE 505
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: SD
Name: GILLETTE TRUE, BARBARA
Address: 1240 BLUE POINT AVE, B11
City-St-Zip: NAPLES, FL 34102

Title: PD
Name: BERNHARDT, FERNE W
Address: 1140 LITTLE NECK CT D33
City-St-Zip: NAPLES, FL 34102

Title: TD
Name: GASTON, JOAN
Address: 1240 BLUE POINT AVE
City-St-Zip: NAPLES, FL 34102

Title: VPD
Name: BEDNAR, ALAN
Address: 1280 BLUE POINT AVE, C-29
City-St-Zip: NAPLES, FL 34102

Title: D
Name: SMITH, ROXANNE
Address: 1100 LITTLE NECK COURT E48
City-St-Zip: NAPLES, F 34102

Title: D
Name: SCHINDLER, MIKE
Address: 1125 LITTLE NECK COURT G63
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: FERNE WALKER BERNHARDT PD 06/17/2010

Electronic Signature of Signing Officer or Director Date