

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED <sup>25</sup>

Jan 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # 728145

1. Entity Name  
COLONIAL MANOR OF NAPLES, INC.



Principal Place of Business  
1015 7TH ST S  
NAPLES, FL 34102 US

Mailing Address  
BOX 1426  
1015 7TH ST.,S  
NAPLES, FL 34106 US



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1934200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THOMAS, JOYCE A.  
1015 7TH ST. S.  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME THOMAS, JOYCE A.  
STREET ADDRESS 1015 7TH ST S  
CITY-ST-ZIP NAPLES, FL 34102

TITLE VD  
NAME PECK, KATHLEEN  
STREET ADDRESS 1019 7TH ST SOUTH  
CITY-ST-ZIP NAPLES, FL 34102

TITLE STD  
NAME THOMAS, ANDREW L.  
STREET ADDRESS 1015 7TH ST SOUTH  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000580320  
01/10/07-80044-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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 #

1/3/07

239-434-6685