


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 728145 1. Entity Name COLONIAL MANOR OF NAPLES, INC.	
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Principal Place of Business 1015 7TH ST S NAPLES, FL 34102 US	Mailing Address BOX 1426 1015 7TH ST.,S NAPLES, FL 34106 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1934200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD THOMAS, JOYCE A. 1015 7TH ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD PECK, KATHLEEN 1019 7TH ST SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD THOMAS, ANDREW L. 1015 7TH ST SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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01/09/08-80024-022 61.25

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: Joyce A. Thomas 1/15/08 239 434-6685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #