## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#728298** 

FILED Feb 21, 2009 Secretary of State

Entity Name: ST. LAWRENCE PARK OF NAPLES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3135 SANTORINI CT NAPLES, FL 34119 US **Current Mailing Address: New Mailing Address:** P.O.BOX 990222 NAPLES, FL 34116 US FEI Number: 59-1855278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SDA MANAGEMENT SERVICES, INC. 3135 SANTORINI CT NAPLES, FL 34119 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FORSYTH, DULCIE Name: Name: Address: 2360 41 ST SW Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: LUGO, HILDA Name: Address: 2354 41ST STREET S.W. Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: () Delete Title: TRES ( ) Change (X) Addition Name: LUGO, CARLOS Name: 2354 41ST STREETS.W. Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34116

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: HILDA LUGO V.P. 02/21/2009