

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732663

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** CAMBIER COURT OF NAPLES, INC.

**Current Principal Place of Business:**

658 7TH AVENUE SOUTH  
NAPLES, FL 33940

**New Principal Place of Business:**

**Current Mailing Address:**

COASTAL PROPERTY  
501 GOODLETTE RD N, SUITE C-200  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-3518758      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COASTAL PROPERTY MANAGEMENT  
501 GOODLETTE RD N  
SUITE C-200  
NAPLES, FL 34102 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: D ( ) Delete  
Name: JENKINS, JACK  
Address: 634 7TH AVE. S.  
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete  
Name: MCGLYNN, JOHN  
Address: 620 7TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: ST ( ) Delete  
Name: BAILEY, TOM  
Address: 600 7TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Delete  
Name: WAH, LEWIS  
Address: 678 WEST LAKE DR  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete  
Name: KELLY, JOHN  
Address: 624 7TH AVE S.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCGLYNN, JOHN  
Address: 634 7TH AVE. S.  
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change ( ) Addition  
Name: LEWIS, WALT  
Address: 620 7TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: JOHN S GREEN

MGR

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date