


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90016 014 ****70.00

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|---|---|
| DOCUMENT # 748019 1. Entity Name MANATEE POINT OF NAPLES INC. |  |
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| Principal Place of Business 2152 LONGBOAT DR. NAPLES FL 34104 | Mailing Address 2152 LONGBOAT DR. NAPLES FL 34104 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent THOMPSON, BRADLEY 2152 LONGBOAT DR. NAPLES FL 34104 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
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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 _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, JOHN 2120 LONGBOAT DRIVE NAPLES FL 34104 Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Terry Krantz 2072 Longboat Dr Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President THOMPSON, BRADLEY 2152 LONGBOAT DR. NAPLES FL 34104 Change | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director James Bedrava 2184 Longbaot Dr Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEHL, MICHAEL J. 2166 LONGBOAT DR. NAPLES FL 34104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Mark Ward 2040 Longboat Dr Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President John Atkinson 2185 Longboat Dr Naples, FL 34104 Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Mike Madison 2136 Longboat Dr Naples, FL 34104 Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Natalie Sperry 2088 Longbaot Dr Naples, FL 34104 Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bradley Thompson **Bradley Thompson, Pres.** 2/20/04 239-262-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #