

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90240 035 \*\*\*\*61.25

**DOCUMENT # 748019**

1. Entity Name  
**MANATEE POINT OF NAPLES INC.**



Principal Place of Business  
**2152 LONGBOAT DR.  
NAPLES, FL 34104**

Mailing Address  
**2152 LONGBOAT DR.  
NAPLES, FL 34104**



2. Principal Place of Business

3. Mailing Address

01102006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, BRADLEY  
2152 LONGBOAT DR.  
NAPLES, FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	2120 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, BRADLEY	
STREET ADDRESS	2152 LONGBOAT DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, MARK	
STREET ADDRESS	2040 LONGBOAT DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	2120 LONGBOAT DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ATKINSON, JOHN	
STREET ADDRESS	2185 LONGBOAT DR.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	T	<input type="checkbox"/> Delete
NAME	MADISON, MIKE	
STREET ADDRESS	2136 LONGBOAT DR.	
CITY-ST-ZIP	NAPLES, FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Krantz	
STREET ADDRESS	2072 Longboat Dr	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Ward	
STREET ADDRESS	2040 Longboat Dr	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Bedrava	
STREET ADDRESS	2184 Longboat Dr	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Bradley C Thompson* **BRADLEY C THOMPSON Pres.** 1/10/06 239-262-6615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #