

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

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



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

THOMPSON, BRADLEY
2152 LONGBOAT DR.
NAPLES, FL 34104

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, JOHN
2120 LONGBOAT DRIVE
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THOMPSON, BRADLEY
2152 LONGBOAT DR.
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARD, MARK
2040 LONGBOAT DR.
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRANTZ, TERRY
2072 LONGBOAT DR.
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ATKINSON, JOHN
2185 LONGBOAT DR.
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MADISON, MIKE
2136 LONGBOAT DR.
NAPLES, FL 34104

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01/31/07-80004-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 2392626615