

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90013 047 \*\*\*\*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



02062008 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

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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 \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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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 #