

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748019

FILED
Jul 13, 2009
Secretary of State

Entity Name: MANATEE POINT OF NAPLES INC.

Current Principal Place of Business:

2152 LONGBOAT DR.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2152 LONGBOAT DR.
NAPLES, FL 34104

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, BRADLEY
2152 LONGBOAT DR.
NAPLES, FL 34104 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: THOMPSON, JOHN
Address: 2120 LONGBOAT DRIVE
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: THOMPSON, BRADLEY
Address: 2152 LONGBOAT DR.
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: WARD, MARK
Address: 2040 LONGBOAT DR.
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: KRANTZ, TERRY
Address: 2072 LONGBOAT DR.
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: ATKINSON, JOHN
Address: 2185 LONGBOAT DR.
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: MADISON, MIKE
Address: 2136 LONGBOAT DR.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRADLEY THOMPSON

OFFI

07/13/2009

Electronic Signature of Signing Officer or Director

Date