2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# 750678

Entity Name: THE FAIRFIELD OF NAPLES, INC.

Current Principal Place of Business:

750 MOORING LINE DRIVE
111
NAPLES, FL 34102 US

New Principal Place of Business:

750 MOORING LINE DRIVE
NAPLES, FL 34102 US

Current Mailing Address:

2335 9TH ST. NO
#505
NAPLES, FL 34103 US

New Mailing Address:

2335 9TH ST. NORTH
#505
NAPLES, FL 34103 US

FEI Number: 59-2043108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT
2335 9TH ST. NO #505
NAPLES, FL 34103 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:	HAYESS, HELEN	
Address:	750 MOORINGLINE DR.	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	BELCHER, JACK	
Address:	555 PUTTER POINT PLACE	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	ALBANESE, BART	
Address:	750 MOORING LINE DR.	
City-St-Zip:	NAPLES, FL 34102	
Title:	PD	( ) Delete
Name:	KEISER, JACK C	
Address:	2085 ALAMANDA DRIVE	
City-St-Zip:	NAPLES, FL 34102	
Title:	STD	( ) Delete
Name:	HAYES, MARTIN J	
Address:	328 WESTVIEW AVEUNE	
City-St-Zip:	LEONIA, NJ 07605	
Title:	D	(X) Delete
Name:	THUMHART, LINDA	
Address:	750 MOORINGLINE DR.	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	STD	(X) Change ( ) Addition
Name:	HAYESS, MARTY	
Address:	750 MOORINGLINE DR.	
City-St-Zip:	NAPLES, FL 34102	
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:	D	(X) Change ( ) Addition
Name:	THUMHART, LINDA	
Address:	750 MOORINGLINE DR.	
City-St-Zip:	NAPLES, FL 34102	
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: MARTIN HAYES STD 02/01/2009
Electronic Signature of Signing Officer or Director — Date