

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752072

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** SUNCOAST APARTMENTS OF NAPLES, INC.

**Current Principal Place of Business:**

289-299 9TH AVENUE S  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 E. LAKE DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-1985902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TODD, GUDRUN R  
600 E. LAKE DRIVE  
NAPLES, FL 34102 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: PD ( ) Delete  
Name: TODD, GUDRUN R  
Address: 600 E. LAKE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: STD ( ) Delete  
Name: ELLIS, ROBERT  
Address: 3553 GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: ELLIS, JOAN  
Address: 3553 GORDON DR  
City-St-Zip: NAPLES, FL 34102

**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:

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: GUDRUN R. TODD

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date