
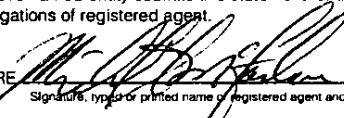



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90036 014 \*\*\*\*61.25  
09-04-2007 90040 010 \*\*\*\*61.25

<b>DOCUMENT # 753470</b> 1. Entity Name <b>MAY-LEE APARTMENTS OF NAPLES, INC.</b>					
Principal Place of Business <b>1491 CHESAPEAKE AVE NAPLES, FL 34102 US</b>			Mailing Address <b>JACK MCDOWELL 1491 CHESAPEAKE AVE APT C NAPLES, FL 34102 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>26-1362473</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LYNCH, JOSEPH 1491 CHESAPEAKE BAY APT D NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>Michael A. McFarlane</b> Street Address (P.O. Box Number is Not Acceptable) <b>1491 Chesapeake Ave Apt B</b> City <b>Naples</b> FL Zip Code <b>34102</b>		
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  <b>Michael A. McFarlane President</b> 7/17/07 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDWELL, JACK P 1491 CHESAPEAKE AVE NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael A McFarlane 1491 Chesapeake Ave Apt B. NAPLES FL 34102
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, WILLIAM 169 FLEUR DELISLO NAPLES, FL 38112	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donna R McFarlane 1491 Chesapeake Ave Apt B. NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEARMANN, DOERMER 1491 CHESAPEAKE AVE APT C NAPLES, FL 34102	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JOSEPH 1491 CHESAPEAKE AVE APT C NAPLES, FL 34102	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack P. Midwell 1491 Chesapeake Ave Apt C NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Michael A. McFarlane</b> 7/17/07 (235) 986-3882 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					