

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 007 ****61.25

40040070



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2664321

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY MANAGEMENT OF NAPLES, INC.
4100 CORPORATE SQUARE
SUITE 116
NAPLES, FL 34104

Name
Compass Group Property Management
Street Address (P.O. Box Number is Not Acceptable)
1400 TAMiami TRAIL
Suite 101
City
Naples FL Zip Code
34108

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHASE, FRED	
STREET ADDRESS	1725 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEONARD, KATHYRN	
STREET ADDRESS	1695 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FARMER, VICTOR PRES	
STREET ADDRESS	1627 SANDPIPER STREET	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUEL, PAUL VP	
STREET ADDRESS	96 GEORGETOWN BLVD	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIENE, DARYL TREAS	
STREET ADDRESS	90 GEORGETOWN BOULEVARD	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

2-29-08 239-774-3070