
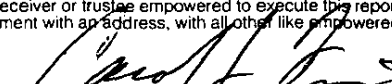


**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

40106114

<b>DOCUMENT # 757666</b>						05-04-2007 90097 016 ***61.25	
1. Entity Name <b>NAPLES RETIREMENT, INC.</b>							
Principal Place of Business 1000 LELY PALMS DRIVE P.O. BOX F-147 NAPLES, FL 34113			Mailing Address 1000 LELY PALMS DRIVE P.O. BOX F-147 NAPLES, FL 34113			40100111	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			04172007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-2120628	
City & State			City & State			Applied For Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WESTMAN, CARL 3003 TAMIAMI TR NORTH NAPLES, FL 34103				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, DAVID			NAME	LYBERG, PETER		
STREET ADDRESS	5305 FOXHOUND DR			STREET ADDRESS	7476 BERSHIRE PINES DR.		
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITTAKER, SHERRY			NAME			
STREET ADDRESS	608 LAMTON LANE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORTRIGHT, CHARLES			NAME			
STREET ADDRESS	426 GLADES			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TREVELYAN, CRAIG			NAME	FRIES, CAROL		
STREET ADDRESS	145 SWEETWATER COVE			STREET ADDRESS	4580 EAGLE KEY CIR		
CITY-ST-ZIP	NAPLES, FL 34110			CITY-ST-ZIP	NAPLES, FL 34112		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 				4/30/07 239-774-3001			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			