

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 013 ****61.25

DOCUMENT # 757666

1. Entity Name
NAPLES RETIREMENT, INC.



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

40105288



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2120628

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 **V** ☐ Delete
NAME **LYBERG, PETER**
STREET ADDRESS **7476 BERSHIRE PINES DR.**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **WHITTAKER, SHERRY**
STREET ADDRESS **608 LAMTON LANE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **V** ☐ Change ☒ Addition
NAME **SITTA, SALLY**
STREET ADDRESS **646 ORCHID DRIVE**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **S** ☐ Delete
NAME **CORTRIGHT, CHARLES**
STREET ADDRESS **426 GLADES**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **FRIES, CAROL**
STREET ADDRESS **4580 EAGLE KEY CIR.**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J. FRIES

Date

Daytime Phone #

4/29/08 239-774-3001