

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757666

FILED
Apr 20, 2009
Secretary of State

Entity Name: NAPLES RETIREMENT, INC.

Current Principal Place of Business:

1000 LELY PALMS DRIVE
P.O. BOX F-147
NAPLES, FL 34113

New Principal Place of Business:

1000 LELY PALMS DRIVE
P.M. BOX F-147
NAPLES, FL 34113

Current Mailing Address:

1000 LELY PALMS DRIVE
P.O. BOX F-147
NAPLES, FL 34113

New Mailing Address:

1000 LELY PALMS DRIVE
P.M. BOX F-147
NAPLES, FL 34113

FEI Number: 59-2120628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTMAN, CARL
3003 TAMIAMI TR NORTH
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WESTMAN, CARL
5551 RIDGEWOOD DRIVE
STE 101
NAPLES, FL 34108 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYBERG, PETER
Address: 7476 BERSHIRE PINES DR.
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: SITTA, SALEY
Address: 646 ORCHID DRIVE
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: CORTRIGHT, CHARLES
Address: 426 GLADES
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: FRIES, CAROL
Address: 4580 EAGLE KEY CIR.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SITTA, SALLY
Address: 646 ORCHID DRIVE
City-St-Zip: NAPLES, FL 34103

Title: S (X) Change () Addition
Name: CORTRIGHT, CHARLES
Address: 426 GLADES BLVD
City-St-Zip: NAPLES, FL 34112

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: CAROL FRIES

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date