

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761463

FILED
Apr 30, 2005
Secretary of State

Entity Name: LINWOOD OF NAPLES, INC.

Current Principal Place of Business:

2408 LINWOOD AVENUE
7A
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2408 LINWOOD AVENUE
7A
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-2475977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORRO, JOSE M
3940 RADIO ROAD
STE 103
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: VALENTINE, MICHAEL
Address: 2408 LONWOOD AVE
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: BORRO, JOSE
Address: 2408 LINWOOD AVE / STE - 8
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: VALENTINE, PAUL
Address: 2408 LINDWOOD AVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BENNETT, DERRICK
Address: 2408 LINWOOD AVE.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: VALENTINE, MICHAEL
Address: 2408 LINWOOD AVE
City-St-Zip: NAPLES, FL 34112

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

Title: D (X) Change () Addition
Name: VALENTINE, PAUL
Address: 2408 LINWOOD AVE
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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL P VALENTINE

PDS

04/30/2005

Electronic Signature of Signing Officer or Director

Date