

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 24, 2010**  
**Secretary of State**

DOCUMENT# 761463

**Entity Name:** LINWOOD OF NAPLES, INC.**Current Principal Place of Business:**2408 LINWOOD AVENUE  
7G  
NAPLES, FL 34112 US**New Principal Place of Business:****Current Mailing Address:**C/O COLONIAL SQUARE REALTY, INC.  
P.O. BOX 10608  
NAPLES, FL 34101 US**New Mailing Address:**C/O COMPASS GROUP PROPERTY MANAGEMENT  
3701 N TAMIAMI TRAIL  
NAPLES, FL 34103 US**FEI Number:** 59-2475977**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COLONIAL SQUARE REALTY, INC.  
1048 GOODLETTE ROAD  
201  
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**COMPASS GROUP PROPERTY MANAGEMENT  
3701 N TAMIAMI TRAIL  
NAPLES, FL 34103 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: COMPASS GROUP PROPERTY MANAGEMENT

08/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BENNETT, DEREK  
Address: 2408 LINWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: FULLER, EILEEN  
Address: 2408 LINWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: LUKOWIAK, RON  
Address: 2408 LINWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: PEARCE, STEFFANIE  
Address: 2408 LINWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: STEFFANIE PEARCE

D

08/24/2010

Electronic Signature of Signing Officer or Director

Date