## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763944** 

FILED Apr 24, 2007 Secretary of State

Entity Name: NAPLES SUNRISE, INC.

Current Principal Place of Business: New Principal Place of Business:

8306 LAUREL LAKES WAY NAPLES, FL 34119 US

Current Mailing Address: New Mailing Address:

8306 LAUREL LAKES WAY NAPLES, FL 34119 US

FEI Number: 59-2203760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUPERIOR MANAGEMENT COMPANY 8306 LAUREL LAKES WAY NAPLES, FL 34119 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 FENNESSEY, SARA
 Name:
 PINX, BARBRA

 Address:
 111 PALM DR #9
 Address:
 123 PALM DR #1

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DAVIS, SANDRA
 Name:

 Address:
 149 PALM DR. #22
 Address:

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 PINX, BARBRA
 Name:
 BOSNICH, STEVE

 Address:
 111 PALM DRIVE #10
 Address:
 111 PALM DRIVE #7

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBRA PINX VP 04/24/2007