

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90403 034 \*\*\*\*61.25

<b>DOCUMENT # 763944</b> 1. Entity Name <b>NAPLES SUNRISE, INC.</b>			
Principal Place of Business <b>8306 LAUREL LAKES WAY</b> <b>NAPLES, FL 34119 US</b>		Mailing Address <b>8306 LAUREL LAKES WAY</b> <b>NAPLES, FL 34119 US</b>	
2. Principal Place of Business - No P.O. Box # <b>Palm Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 110156</b> Suite, Apt. #, etc.	
City & State <b>Naples, FL</b> Zip <b>34112</b> Country		City & State <b>Naples, FL</b> Zip <b>34108</b> Country	
4. FEI Number <b>59-2203760</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SUPERIOR MANAGEMENT COMPANY</b> <b>8306 LAUREL LAKES WAY</b> <b>NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name <b>William D. White</b> Street Address (P.O. Box Number is Not Acceptable) <b>2310 Della Drive</b> City <b>Naples, FL</b> Zip Code <b>34117</b>	
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 <u><i>William D. White</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>VP</b> NAME <b>PINX, BARBRA</b> STREET ADDRESS <b>123 PALM DR #1</b> CITY-ST-ZIP <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DS</b> NAME <b>Valdez, VALERIA</b> STREET ADDRESS <b>135 Palm Dr. #16</b> CITY-ST-ZIP <b>Naples, FL 34112</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>DAVIS, SANDRA</b> STREET ADDRESS <b>149 PALM DR. #22</b> CITY-ST-ZIP <b>NAPLES, FL 34112</b>	<input type="checkbox"/> Delete	TITLE <b>AT</b> NAME <b>DAVIS, SANDRA</b> STREET ADDRESS <b>149 Palm Dr #22</b> CITY-ST-ZIP <b>Naples, FL 34112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>BOSNICH, STEVE</b> STREET ADDRESS <b>111 PALM DRIVE #7</b> CITY-ST-ZIP <b>NAPLES, FL 34112</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>BOSNICH, STEVE</b> STREET ADDRESS <b>135 Palm Dr. #16</b> CITY-ST-ZIP <b>Naples, FL 34112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>ASm</b> NAME <b>White, William D.</b> STREET ADDRESS <b>P.O. Box 110156</b> CITY-ST-ZIP <b>Naples, FL 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>William D. White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/21/08</u> Daytime Phone # <u>239.352-6786</u>	