

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763944

FILED
Apr 16, 2009
Secretary of State

Entity Name: NAPLES SUNRISE, INC.

Current Principal Place of Business:

PALM DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110156
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-2203760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILLIAM D
2310 DELLA DRIVE
NAPLES, FL 34117 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: DS () Delete
Name: VALERIA, VALEZ
Address: 135 PALM DR. #16
City-St-Zip: NAPLES, FL 34112

Title: AT () Delete
Name: DAVIS, SANDRA
Address: 149 PALM DR #22
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: BOSNICH, STEVE
Address: 135 PALM DR. #16
City-St-Zip: NAPLES, FL 34112

Title: AS () Delete
Name: WHITE, WILLIAM D
Address: P.O. BOX 110156
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: HOOVER, DENNY L
Address: 123 PALM DR. #2
City-St-Zip: NAPLES, FL 34112

Title: T (X) Change () Addition
Name: WORLEY, SHARON
Address: 1283 CYPRESS WOODS DR
City-St-Zip: NAPLES, FL 34103

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

Title: ASMA (X) Change () Addition
Name: WHITE, WILLIAM D
Address: P.O. BOX 110156
City-St-Zip: NAPLES, FL 34108

Title: DS () Change (X) Addition
Name: KATZENMEYER, JOAN M
Address: 135 PALM DR #13
City-St-Zip: NAPLES, FL 34112

Title: AT () Change (X) Addition
Name: VALEZ, VALERIA
Address: 135 PALM DR #16
City-St-Zip: NAPLES, FL 34112

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: WILLIAM D. WHITE

ASMA

04/16/2009

Electronic Signature of Signing Officer or Director

Date