

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766367

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: NAPLES SUNRISE III, INC.

**Current Principal Place of Business:**

1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8478  
NAPLES, FL 341018478

**New Mailing Address:**

1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109

FEI Number: 59-2325526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WINKLER, NANCY  
1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109 US

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

LUTZ, TRAVOR  
1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109 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: TRAVOR LUTZ

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SAUBERT, JEANETTE  
Address: 164 PALM DRIVE #6  
City-St-Zip: NAPLES, FL 34112

Title: PD  
Name: JONES, GAVIN  
Address: 168 PALM DRIVE # 2  
City-St-Zip: NAPLES, FL 34112

Title: SD  
Name: MANN, RALEIGH  
Address: 194 PALM DR #3  
City-St-Zip: NAPLES, FL 34112

Title: TD  
Name: MACDONALD, WILLIAM  
Address: 180 PALM DRIVE, #2  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: LAMB, DORIS  
Address: 180 PALM DRIVE, #5  
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: GAVIN JONES

PD

02/16/2010

Electronic Signature of Signing Officer or Director

Date