

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005938	
1. Entity Name NAPLES FALLING WATERS 504 MANAGEMENT, INC.	

Principal Place of Business 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204	Mailing Address 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2154598	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000669645 03/27/07-80081-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BROADBENT, GEORGE P 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROADBENT, GEORGE P 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOYCE A 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, 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: Joyce A. Bradley Joyce A. Bradley 2/28/07 (317) 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #