

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K84582

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** LEISURE POOLS OF NAPLES, INC.

**Current Principal Place of Business:**

6300 JANES LANE UNIT 1  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9136  
NAPLES, FL 341019136

**New Mailing Address:**

**FEI Number:** 65-0117720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATKINSON, KENNETH R MGR  
5419 TEAK WOOD DRIVE  
NAPLES, FL 34119 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: DPS  
Name: ATKINSON, KENNETH R.  
Address: 5419 TEAK WOOD DRIVE  
City-St-Zip: NAPLES, FL

Title: DVT  
Name: ATKINSON, JEAN F.  
Address: 5419 TEAK WOOD DRIVE  
City-St-Zip: NAPLES, FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEAN ATKINSON

MGR

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date