2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
05-21-2008 90021 048 ****61.25

DOCUMENT # N01000000656

1. Entity Name
WEST POINT SOCIETY OF NAPLES, INC.

Principal Place of Business	Mailing Address
401 BAYFRONT PLACE #3506 NAPLES, FL 34102	401 BAYFRONT PLACE #3506 NAPLES, FL 34102

04292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
253 VIA PERIGNON	253 VIA PERIGNON
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

4. FEI Number 59-3711259 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EBERHARD, E. JOHN LTD 13055 POND APPLE DR. NAPLES, FL 34119	Name: ARNOLD HAAKE Street Address (P.O. Box Number is Not Acceptable): 28614 HIGHGATE DRIVE City: BONITA SPRINGS FL Zip Code: 34135

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: [signature] ARNOLD HAAKE APRIL 29th, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EBERHARD, JOHN E 2009 ISOLA BELLA BLVD MOUNT DORA, FL 32757	☒ Delete	D ROBERT JAHN, SR 9862 COUNTRY OAKS DRIVE FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GLORE, JODIE 3141 DAHLIA WAY NAPLES, FL 34105	☐ Delete	D JODIE GLORE 3141 DAHLIA WAY NAPLES, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWARTZ, TREVIR 5535 COGNAC DR FORT MYERS, FL 33919	☐ Delete	S TREVOR SWARTZ 5535 COGNAC DRIVE FORT MYERS, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RANALLI, ROBERT 2923 INDIGO BUSH WAY NAPLES, FL 34105	☐ Delete	D ROBERT RANALLI 2923 INDIGO BUSH WAY NAPLES, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OMEARA, WILLIAM 401 BAYFRONT PL #3506 NAPLES, FL 34102	☒ Delete	T ARNOLD HAAKE 28614 HIGHGATE DRIVE BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUTRONA, JOSEPH 2633 FINCHLEY LN. NAPLES, FL 34105	☒ Delete	P PETER MILES 253 VIA PERIGNON, #3 NAPLES, FL 34119	☐ Change ☒ 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: [signature] ARNOLD HAAKE APRIL 29th 2008 239 948-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #