

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002210

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: SINGLES NETWORK OF NAPLES, INC.

**Current Principal Place of Business:**

826 WIGGINS PASS ROAD #312  
NAPLES, FL 34110

**New Principal Place of Business:**

800 VANDERBILT BEACH RD  
NAPLES, FL 34108

**Current Mailing Address:**

P OBOX 770263  
NAPLES, FL 34107

**New Mailing Address:**

PO BOX 770263  
NAPLES, FL 34107

FEI Number: 59-3721447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROGERS, WILLIAM L  
5150 TAMIAMI TRAIL N STE 501  
NAPLES, FL 34103 US

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

ROGERS, WILLIAM L  
5150 TAMIAMI TRAIL N  
STE # 501  
NAPLES, FL 34103 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: WILLIAM L ROGERS

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCLAUGHLIN, WILLIAM  
Address: 10360 VANDERBILT DR  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: MARCH, DARRELL  
Address: 4615 BAYSHORE DR. E. 6  
City-St-Zip: NAPLES, FL 34112 US

Title: S ( ) Delete  
Name: FARMILLO, NORMA  
Address: 4036 KENT CT  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: WOODS, DOROTHY  
Address: 1131 CRAYTON RD  
City-St-Zip: NAPLES, FL 34102 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRAUN, KAREN  
Address: 860 TANBARK DR  
City-St-Zip: NAPLES, FL 34108 US

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

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

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

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: DOROTHY WOODS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date