

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008542

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** NAPLES GATORS, INC.

**Current Principal Place of Business:**

1600 FLEISCHMANN BLVD  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9602  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 65-0477833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, STEVE  
6064 ANDROS WAY  
NAPLES, FL 34119 US

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

FALLS, WILLIAM  
5060 CORAL WOOD DRIVE  
NAPLES, FL 34119 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 FALLS

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FALLS, WILLIAM  
Address: 5060 CORAL WOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: ZABLO, ALLISON  
Address: 3018 41ST TERR SW  
City-St-Zip: NAPLES, FL 34116

Title: T  
Name: FALLS, KELLY  
Address: 5060 CORAL WOOD DRIVE  
City-St-Zip: NAPLES, FL 34119

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: KELLY FALLS

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03/15/2011

Electronic Signature of Signing Officer or Director

Date