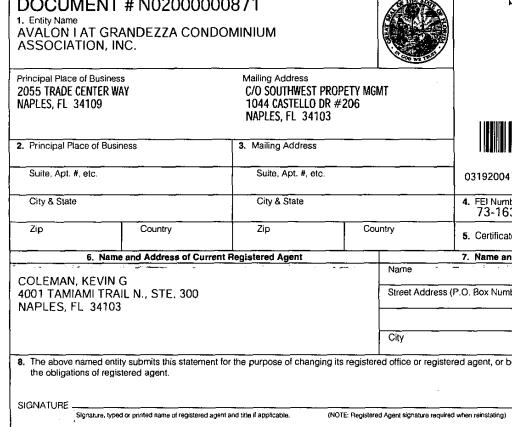
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000871



Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91051 017 ****61.25

FILED





Chg-NP

CR2E037 (10/03)

City & State C		City & Stat	e		4. FEI Number 73-163278	4. FE! Number 73-1632781			
Zip	Country	Zip	p Coun				\$8.75 Addition	3.75 Additional e Required	
	6. Name and Address of Curr	ent Registered Agen	t	T	7. Name and Add	ress of New Registered A	Agent		
				Name	· · · · ·	THE RESERVE			
COLEMAN, KEVIN G 4001 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code		
	named entity submits this statemer ions of registered agent.	nt for the purpose of c	hanging its registe	ered office or i	registered agent, or both, in	the State of Florida. I am f	amiliar with, ar	nd accept	
SIGNATURE .									
JIONATORE -	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registr	ered Agent signatur	e required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2004		Election Campaign rust Fund Contrib		\$5.00 May Be Added to Fees	Make check Florida Depar	k payable to tment of Sta	te	
10.	OFFICERS AND	DIRECTORS	11	1.	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN 1	0	
TITLE	D		Delete 11	ITLE				☐ Addition	
NAME	COTTER, JEFFREY J		I	AME					
STREET ADDRESS	2055 TRADE CENTER WAY			TREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34109		Ç	ITY-ST-ZIP					
TITLE	D		Delete	ITLE			Change	Addition	
NAME	WOOD, G. STUART			AME					
STREET ADDRESS	2055 TRADE CENTER WAY			TREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34109		C	ITY-ST-ZIP					
TITLE	D	. <u>.</u>	,	ITLE _	_{>}		☐ Change	Addition	
NAME	WENDT, PETER			AME					
STREET ADDRESS	2055 TRADE CENTER WAY			TREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34109			ITY-ST-ZIP					
TITLE				ITLE			☐ Change	☐ Addition	
NAME				AME					
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP									
TITLE		L		ITLE			☐ Change	Addition	
NAME STREET ADDRESS	· ·			TREET ADDRESS			·-	• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP	*	• • •	- · · · · · · · · · · · · · · · · · · ·	ITY-ST-ZIP			• • • • • •	+	
TITLE			Delete T	ITLE			☐ Change	Addition	
NAME				IAME	• • •	dana sa			
STREET ADDRESS	[.	*	s	TREET ADDRESS		• •			
CITY-ST-ZIP			[c	CITY-ST-ZIP		4 = at	_		
		Sile also Pite an also a			-11: D12- 440 07(0)(1) El		27 2 2 2 2 7		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 emprovered to exempt his seport 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 emprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR