


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000003059	
1. Entity Name THE SANCTUARY AT NAPLES, INC.	

Principal Place of Business 2580 MARSHCREEK LANE #101 NAPLES, FL 34119	Mailing Address 2580 MARSHCREEK LANE #101 NAPLES, FL 34119
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-2164546	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  POPLOCK, RONNIE 599 THIRD ST N NAPLES, FL 34102
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLOCK, RONNIE 599 THIRD ST N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVALONE, KATHLEEN 2580 MARSHCREEK LANE #101 NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBY, MICHAEL 3148 ANDORRA CT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000011962  
01/23/04-80059-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: Ronnie Poplock Ronnie Poplock 1/18/04 239-403-9594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #