

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002060

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: FLORIDA NATURIST PARK, INC.

## Current Principal Place of Business:

% CONTINUING CARE, INC.  
1662 QUAIL LAKE DR  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

% CONTINUING CARE, INC.  
1662 QUAIL LAKE DR  
VENICE, FL 34293

## New Mailing Address:

C/O CONTINUING CARE, INC.  
1662 QUAIL LAKE DR  
VENICE, FL 34293

FEI Number: 20-0897539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, WILLIAM R  
% CONTINUING CARE, INC.  
1662 QUAIL LAKE DR  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

MARTIN, WILLIAM R  
CONTINUING CARE, INC.  
1662 QUAIL LAKE DR  
VENICE, FL 34293 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:

04/11/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARTIN, WILLIAM R  
Address: 1662 QUAIL LAKE DR  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: BLOOD, DAVID  
Address: 1662 QUAIL LAKE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: C ( ) Delete  
Name: FAZZON, ALLAN  
Address: 12314 GULVIN WAY  
City-St-Zip: HUDSON, FL 34669

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: MARTIN, WILLIAM R  
Address: 1662 QUAIL LAKE DR  
City-St-Zip: VENICE, FL 34293

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

Title: D (X) Change ( ) Addition  
Name: MARTIN, ALICE L  
Address: 1662 QUAIL LAKE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Change (X) Addition  
Name: BELLOWS, DAN  
Address: 12709 WYNN LAND  
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. MARTIN

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date