2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N04000002060

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:

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

New Mailing Address:

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:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VC D (X) Change ( ) Addition
Name: MARTINSON, RANDY
Address: 1662 QUAIL LAKE DRIVE
City-St-Zip: VENICE, FL 34293

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: WILLIAM R. MARTIN C 04/24/2007

Electronic Signature of Signing Officer or Director — Date