

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011807

FILED
May 09, 2009
Secretary of State

Entity Name: MONTESSORI ACADEMY OF NAPLES, INC.

Current Principal Place of Business:

2659 PROFESSIONAL CIRCLE, STE 1118
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2659 PROFESSIONAL CIRCLE, STE 1118
NAPLES, FL 34119

New Mailing Address:

FEI Number: 26-1570262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HUNT, KIMBERLY
Address: 13872 PINE VILLA LN
City-St-Zip: FORT MYERS, FL 33912

Title: VCD () Delete
Name: MEYERS, DAVID
Address: 9077 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: LAND, HEATHER
Address: 2720 13TH ST N
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: GARBARINO TATE, AMY
Address: 1196 LAKESHORE PL
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: O'REILLY, LISA
Address: 601 KETCH DR
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LANGEVIN, AIMEE
Address: 2049 ISLA DE PALMAS
City-St-Zip: NAPLES, FL 34119

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

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

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

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: DAVID MEYERS

VCD

05/09/2009

Electronic Signature of Signing Officer or Director

Date