

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08515

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: NAPLES WINTERPARK II, INC.

**Current Principal Place of Business:**

3805 SNOWFLAKE LANE., APT 05  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

745 12TH AVENUE SOUTH  
SUITE AA  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-2545320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MANAGEMENT  
745 12TH AVENUE SOUTH  
SUITE AA  
NAPLES, FL 34102 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: D ( ) Delete  
Name: SILVER, RICHARD  
Address: 3807 SNOWFLAKE LANE  
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete  
Name: DEL BOCCIO, BEVERLEY  
Address: 3811 SNOWFLAKE LANE  
City-St-Zip: NAPLES, FL 34112 US

Title: ST ( ) Delete  
Name: BONAZZI, JOSEPH  
Address: 835 CHARLIEMAGNE BOULEVARD  
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete  
Name: FORRESTER, JOSEPH  
Address: 41 BIRD STREET  
City-St-Zip: QUINCY, MA 02169

Title: D ( ) Delete  
Name: LEUPOLD, PETER  
Address: 3825 SNOWFLAKE LANE  
City-St-Zip: NAPLES, FL 34112

**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:

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: BEVERLY DELBOCCIO

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date