

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010924

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** WINE TASTERS OF NAPLES, INC.

**Current Principal Place of Business:**

5637 WHISPERWOOD BLVD #601  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

5637 WHISPERWOOD BLVD #601  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 38-3858399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOUT, MARK K CPA  
999 VENDERBILT BEACH RD #200  
NAPLES, FL 34108 US

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

STOUT, MARK K CPA  
999 VANDERBILT BEACH RD #200  
NAPLES, FL 34108 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:

04/09/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: LEAMAN, DANIEL L  
Address: 5637 WHISPERWOOD BLVD #601  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: FOSS, DEBORAH M  
Address: 5910 PARADISE CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: T  
Name: EHLERS, LAURA B  
Address: 240 TIMBER LAKE CIR #D201  
City-St-Zip: NAPLES, FL 34104

Title: S  
Name: WEIDMAN, SHERRI  
Address: 3100 GULF SHORE BLVD N #204  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: DANIEL LEAMAN

PC

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date