

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 050 ****61.25

DOCUMENT # N11718 1. Entity Name NAPLES WINTERPARK IV, INC.					
Principal Place of Business NORTHLIGHT DRIVE NAPLES, FL 34112			Mailing Address 745 12TH AVENUE SOUTH STE AA NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent MOORE PROPERTY MANAGEMENT, INC. 745 12TH AVE S., SUITE AA NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, GEORGE 4005 NORTH LIGHT DR NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/R EVANS, GEORGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAROSS, BARBARA 4034 NORTHLIGHT DRIVE NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLAROSS, BARBARA 4009 NORTHLIGHT DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEINEMAN, GEORGE 4051 NORTHLIGHT DRIVE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACDONALD, MARY ELLEN 4094 NORTHLIGHT DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARRON, KAY 4065 NORTHLIGHT DRIVE NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASLOWSKI, JOSEPH 4073 NORTHLIGHT DR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASLOWSKI, JUDITH 4073 NORTHLIGHT DR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara Colarossi</u> 3/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					