

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11718

FILED
Apr 23, 2008
Secretary of State

Entity Name: NAPLES WINTERPARK IV, INC.

Current Principal Place of Business:

NORTHLIGHT DRIVE
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

745 12TH AVENUE SOUTH
STE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-2630352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, INC.
745 12TH AVE S., 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: P () Delete
Name: EVANS, GEORGE
Address: 4005 NORTH LIGHT DR
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: COLAROSS, BARBARA
Address: 4034 NORTHLIGHT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: MACDONALD, MARY ELLEN
Address: 4094 NORTHLIGHT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: THOMPSON, DAVID
Address: 105 BULKINGHAM DR
City-St-Zip: BARDSTOWN, KY 40004

Title: D () Delete
Name: CIRCIERSKI, WALTER
Address: 4051 NORTH LIGHT DR
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: D (X) Change () Addition
Name: SAVINA, ALBERT
Address: 4079 NORTHLIGHT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change () Addition
Name: THOMPSON, DAVID
Address: 105 BULKINGHAM DR
City-St-Zip: BARDSTOWN, KY 40004

Title: S (X) Change () Addition
Name: CIRCIERSKI, WALTER
Address: 4051 NORTH LIGHT DR
City-St-Zip: NAPLES, FL 34112

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: GEORGE EVANS

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date