# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# N11718

**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: | COLAROSSI, BARBARA | |
| Address: | 4034 NORTHLIGHT DRIVE | |
| City-St-Zip: | NAPLES, FL 34112 | |
| Title: | D | ( ) Delete |
| Name: | SAVINA, ALBERT | |
| Address: | 4079 NORTHLIGHT DRIVE | |
| City-St-Zip: | NAPLES, FL 34112 | |
| Title: | VP | ( ) Delete |
| Name: | THOMPSON, DAVID | |
| Address: | 105 BULKINGHAM DR | |
| City-St-Zip: | BARDSTOWN, KY 40004 | |
| Title: | S | ( ) 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: | ( ) 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: GEORGE EVANS P 04/23/2009

Electronic Signature of Signing Officer or Director — Date