## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N15106 04-26-2004 91051 011 \*\*\*\*61.25 NAPLES WINTERPARK NORTH, INC. Principal Place of Business Mailing Address **GREENWOOD MANAGMENT SERVICES** GREENWOOD MANAGMENT SERVICES 5533 GREENWOOD CIRCLE 5533 GREENWOOD CIRCLE NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-3847689 Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLATER, JOHN H Street Address (P.O. Box Number is Not Acceptable) 5533 GREENWOOD CIRCLE GREENWOOD MANAGEMENT SERVICES NAPLES, FL 34112 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Detete TITLE Change ROZIEWSKI, MAIC WALSH, ALAN NAME NAME 3450. 3 Frosty Way 3450 FROSTY WAY #6 STREET ADDRESS STREET ADDRESS MILES TO 34112 NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition GANN, WILLIAM NAME NAME STREET ADDRESS 3450 FROSTY WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE GALVIN, THOMAS NAME NAME 3470 FROSTY WAY #7 ~ STREET ADDRESS STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE PAVONE, EUGENE NAME 3480 FROSTY WAY #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ANGELO, RICHARD NAME NAME 3400 FROSTY WAY # 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIF DS Change Addition Delete TITLE TITI F BYRNE, BETTY NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-St-ZiP

3460 FRISTY WAY #2

NAPLES, FL 34112

ConcomT. GANS 4/17/04 (239) 793-4579

FILED

Allachment

* 7.0	4 NOT-FOR-PROANNUAL	OFIT CORPO . REPORT	RATION	Con	TIN VATTON	SHEEK	
DOCUMENT # N15106  1. Entity Name NAPLES WINTERPARK NORTH, INC.					Continuation Smeat		
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2. Principal Pl	ace of Business	3. Mailing Address				11.15	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312004 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number         Applied For           59-3847689         Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current		Name		ress of New Regist		****
	ENWOOD CIRCLE OOD MANAGEMENT SERVIC			ss (P.O. Box Number is	Not Acceptable)		,
	<u>-</u>	0 000	City			FL Zip Cod	e
SIGNATURE .	Signature, typed or printed name of registered agen						
<del></del> -	Filing Fee is \$61.25	9. Election Car	E: Registered Agent signature req	\$5.00 May Be	Make	check payable to	property and the second
10.		9. Election Car Trust Fund 0		\$5.00 May Be Added to Fees	Make Florida I	check payable t Department of S	tate
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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR