2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15106

FILED Apr 23, 2009 Secretary of State

Entity Name: NAPLES WINTERPARK NORTH, INC.

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
6700 LONE OAK BLVD NAPLES, FL 34109			745 12TH AVE S STE AA NAPLES, FL 3410		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
6700 LONE OAK BLVD NAPLES, FL 34109			745 12TH AVE S STE AA NAPLES, FL 3410		
FEI Number:	59-3847689	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109 US			745 12TH AVE S AA		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: JOHN R MCGUSHIN				04/23/2009	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (WALSH, ALAN 3400 FROST) NAPLES, FL	/ WAY # 9	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GILPIN, ALBE 3400 FROSTY NAPLES, FL	/ WAY #9	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (HEALEY, JUD 3470 FROSTY NAPLES, FL	YWAY#4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (WALSH, KEVI 3450 FROSTY NAPLES, FL	′ WAY #10	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WEGNER, PA 3460 FROST) NAPLES, FL	YWAY # 6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (FERGUSON, 3480 FROSTY NAPLES, FL	YWAY # 6	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JIM FERGUSON P 04/23/2009