2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N17196

Entity Name: NAPLES PARKWOOD CLUB, INC.

Current Principal Place of Business:

5669 WHITAKER RD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10369
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

FEI Number: 59-2718697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMIAMI TRL
NAPLES, FL 34113 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: PD ( ) Delete
Name: MEGGER, THOMAS A
Address: 5685 WHITAKER RD. #101
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete
Name: BEANE, STEPHEN
Address: 5665 WHITAKER RD. #C201
City-St-Zip: NAPLES, FL 34112

Title: TDS ( ) Delete
Name: HUNT, LINDA E
Address: 5685 WHITAKER RD. #C101
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BEANE, STEPHEN
Address: 5665 WHITAKER RD. #C201
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change ( ) Addition
Name: CARLSON, RAMON
Address: W5651 RIVER MEADOWS LANE
City-St-Zip: NORWAY, MI 49870

Title: SD ( ) Change (X) Addition
Name: MONACELLI, MICHAEL
Address: 5685 WHITAKER RD, UNIT C203
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Change (X) Addition
Name: MURPHY, JIM
Address: 4915 BAYMEADOWS RD, UNIT #5E
City-St-Zip: JACKSONVILLE, FL 32217

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: TOM MEGGER PD 04/23/2007

Electronic Signature of Signing Officer or Director — Date