2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N18475

Entity Name: EAGLEWOOD OF NAPLES, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2751214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 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:	DEWINDT, HUBERT	
Address:	605 AUGUSTA BLVD #6	
City-St-Zip:	NAPLES, FL 34113	
Title:	VPD	( ) Delete
Name:	HIGGINS, TIMOTHY	
Address:	705 AUGUSTA BLVD #2	
City-St-Zip:	NAPLES, FL 34113	
Title:	TD	( ) Delete
Name:	BISHOP, HARRY	
Address:	601 AUGUSTA BLVD #8	
City-St-Zip:	NAPLES, FL 34113	
Title:	SD	( ) Delete
Name:	BRITTO, AL	
Address:	605 AUGUSTA BLVD #8	
City-St-Zip:	NAPLES, FL 34113	
Title:	D	( ) Delete
Name:	MCCARTHY, ELIZABETH	
Address:	909 AUGUST BLVD. #8	
City-St-Zip:	NAPLES, FL 34413	
Title:	D	( ) Delete
Name:	ALLIE, BOB	
Address:	701 AUGUSTA BLVD #1	
City-St-Zip:	NAPLES, FL 34113	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	EICKMEYER, IKE	
Address:	605 AUGUSTA BLVD #3	
City-St-Zip:	NAPLES, FL 34113	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	NEWMAN, DUNCAN	
Address:	705 AUGUST BLVD. #1	
City-St-Zip:	NAPLES, FL 34413	
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: HUBERT DEWINDT PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date