

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90188 046 ****61.25

DOCUMENT # N20976

1. Entity Name
NAPLES WINTERPARK IX, INC.



Principal Place of Business
**4037 N. LIGHT DRIVE
NAPLES, FL 34113 US**

Mailing Address
**C/O DIANA GURGES
3400 TAMiami TR. N. #202
NAPLES, FL 33940**

50019055



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0024939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GURGES, DIANA
3400 TAMiami TR. N. #202
NAPLES, FL 33940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MIETO, MARK	
STREET ADDRESS	4081 N. LIGHT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANKLIN, BAKER	
STREET ADDRESS	4087 N. LIGHT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PS	<input type="checkbox"/> Delete
NAME	MCEACHERS, JOANNE	
STREET ADDRESS	4081 N. LIGHT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCEACHEEN, PAUL	
STREET ADDRESS	4081 NORTH LIGHT DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mieto, Mark	
STREET ADDRESS	4091 Northlight Dr.	
CITY-ST-ZIP	Naples, Fl 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McEachern, Joanne	
STREET ADDRESS	4083 Northlight Dr.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McEachern, Paul	
STREET ADDRESS	4083 Northlight Dr	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Joanne McEachern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #