

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 021 ****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**

40040001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

90 Business Solutions of Naples Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

800 Seagate Dr, Ste 202

03162007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Naples FL

4. FEI Number

65-0024939

Applied For

Not Applicable

Zip

Country

Zip

34103-2809

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Sue Goby

Street Address (P.O. Box Number is Not Acceptable)

800 Seagate Dr, Ste 202

City

Naples

FL

Zip Code

34103-2809

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

Sue Goby

Sue Goby, R.A.

3/21/07

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MIETO, MARK**
CITY-ST-ZIP **4091 NORTHLIGHT DR.
NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **FRANKLIN, BAKER**
CITY-ST-ZIP **4087 N. LIGHT DRIVE
NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **MCEACHERS, JOANNE**
CITY-ST-ZIP **4083 NORTHLIGHT DR.
NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **MCEACHEEN, PAUL**
CITY-ST-ZIP **4083 NORTHLIGHT DRIVE
NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Franklin T. Baker* - **Franklin T. Baker** **3/26/07** (239) **7320504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #