


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90028 030 \*\*\*\*61.25

<b>DOCUMENT # N20976</b>	
1. Entity Name <b>NAPLES WINTERPARK IX, INC.</b>	

Principal Place of Business <b>4037 N. LIGHT DRIVE NAPLES, FL 34113 US</b>	Mailing Address <b>C/O BUSINESS SOLUTIONS OF NAPLES INC 800 SEAGATE DR STE 202 NAPLES, FL 34103</b>
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2. Principal Place of Business - No P.O. Box # <b>4087 Northlight Dr.</b>	3. Mailing Address <b>C/O Business Solutions of Naples Inc</b>
Suite, Apt. #, etc. <b>Unit # 8</b>	Suite, Apt. #, etc. <b>800 Seagate Dr STE 202</b>
City & State <b>Naples Florida</b>	City & State <b>Naples Florida</b>
Zip <b>34112-5071</b>	Zip <b>34103</b>
Country <b>USA</b>	Country <b>USA</b>



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0024939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>GURGES, DIANA 800 SEAGATE DR STE 202 NAPLES, FL 34103</b>	
Current Agent <b>Business Solutions of Naples Inc 800 Seagate Dr STE 202 Naples Florida 34103 239-649-7100</b>	

7. Name and Address of New Registered Agent Name <b>Business Solutions of Naples Inc.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>800 Seagate Dr STE 202</b>	
City <b>Naples</b>	FL Zip Code <b>34103</b>

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 *X Franklin T. Baker* **Franklin T. Baker** **March 03-2008**  
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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIETO, MARK 4091 NORTHLIGHT DR. NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FRANKLIN, BAKER 4087 N. LIGHT DRIVE NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MCEACHERS, JOANNE 4083 NORTHLIGHT DR. NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MCEACHEEN, PAUL 4083 NORTHLIGHT DRIVE NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Franklin T. Baker* **March 03-2008-239-732-0504**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #