2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N20976

Entity Name: NAPLES WINTERPARK IX, INC.

Current Principal Place of Business:

4087 NORTHLIGHT DR
UNIT #8
NAPLES, FL 34113 US

New Principal Place of Business:

4087 NORTHLIGHT DR
NAPLES, FL 34112 US

Current Mailing Address:

C/O BUSINESS SOLUTIONS OF NAPLES INC
800 SEAGATE DR STE 202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0024939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS SOLUTIONS OF NAPLES INC
800 SEAGATE DR STE 202
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

BUSINESS SOLUTIONS OF NAPLES INC
800 SEAGATE DR STE 202
NAPLES, FL 341032809 US

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: 02/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MIETO, MARK,
Address: 4091 NORTHLIGHT DR.
City-St-Zip: NAPLES, FL 34112

Title: DP ( ) Delete
Name: FRANKLIN, BAKER
Address: 4087 N. LIGHT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: MCEACHERS, JOANNE
Address: 4083 NORTHLIGHT DR.
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete
Name: MCEACHEEN, PAUL
Address: 4083 NORTHLIGHT DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MIETO, MARK
Address: 4091 NORTHLIGHT DR
City-St-Zip: NAPLES, FL 34112

Title: DP (X) Change ( ) Addition
Name: FRANKLIN, BAKER
Address: 4087 NORTHLIGHT DR
City-St-Zip: NAPLES, FL 34112

Title: DS (X) Change ( ) Addition
Name: MCEACHERN, JOANNE
Address: 4083 NORTHLIGHT DR.
City-St-Zip: NAPLES, FL 34112

Title: DT (X) Change ( ) Addition
Name: MCEACHERN, PAUL
Address: 4083 NORTHLIGHT DR
City-St-Zip: NAPLES, FL 34112

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: PATTY L WILLIAMS, ACCOUNTING ACCT 02/24/2009
Electronic Signature of Signing Officer or Director — Date