

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25223

FILED
Apr 23, 2009
Secretary of State

Entity Name: NAPLES WINTERPARK VII, INC.

Current Principal Place of Business:

LOOKING GLASS LANE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S
STE AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0030978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, I NC
745 12TH AVENUE SOUTH
STE AA
NAPLES, FL 34102 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: D () Delete
Name: ARRIGO, ANDREW
Address: 4130-2 LOOKING GLASS LN
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: RAPATA, JAMES
Address: 4190-7 LOOKING GLASS LANE
City-St-Zip: NAPLES, FL 34112

Title: T () Delete
Name: CARNES, DENNIS
Address: 4140-8 LOOKING GLASS LANE
City-St-Zip: NAPLES, FL 34112

Title: S () Delete
Name: SUNDE, FRED
Address: 4200-5 LOOKING GLASS LANE
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: VANHOVEN, ROBERT
Address: 4140-1 LOOKING GLASS LANE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: GOSLIN, ALBERT
Address: 4150-8 LOOKING GLASS LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES RAPATA

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date