NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90037 036 ****61.25

DOCUMENT # N 25225

1. Entity Name
Naples Winterpark VIII, Inc.

DO NOT WRITE IN THIS SPACE

B0058865

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3400 Tamiami Tr. N.	3400 Tamiami, Tr N
Suite, Apt. #, etc. #202	Suite, Apt. #, etc. #202
City & State Naples, Fl.	City & State Naple, Fl.
Zip 34103 Country USA	Zip 34103 Country USA

4. FEI Number 65-0030981 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DIANA Gurges

Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Tr. N. #202

City Naples, Fl. 34103 FL Zip Code 34103

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.

SIGNATURE _____ DIANA Gurges 3-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Woodward, Jack 4250-3 Jack Frost Ct Naples, Fl. 34112	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Rhodes, Rosalie 4260-3 Jack Frost Ct Naples, Fl. 34112	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Molchan, Sarah 4240-2 Jack Frost Ct Naples, Fl. 34112	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/22/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #