2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90111 023 ****61.25

DOCUMENT # N25225

1. Entity Name
NAPLES WINTERPARK VIII, INC.

14016625

Principal Place of Business	Mailing Address
C/O GREENWOOD MANAGEMENT SERVICES, INC. 5533 GREENWOOD CIRCLE NAPLES, FL 34112 US	C/O GREENWOOD MANAGEMENT SERVICES, INC. 5533 GREENWOOD CIRCLE NAPLES, FL 34112 US

04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Advanced Property Management	3350 Woods Edge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 104
City & State	City & State Bonita Springs FL
Zip / Country	Zip / Country 34134

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

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
SLATER, JOHN H C/O GREENWOOD MANAGEMENT SERVICES, INC. 5533 GREENWOOD CIRCLE NAPLES, FL 34112	Name: Susan L. Thompson/Advanced Property Mgt. Street Address (P.O. Box Number is Not Acceptable): 3350 Woods Edge Circle Suite 104 City: Bonita Springs FL Zip Code: 34134

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 Susan L Thompson SUSAN L. THOMPSON DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	PD HUBING, RUTH 4240-3 JACK FROST CT NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Ronald Casanova 4240-5 Jack Frost Court Naples, FL 34120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLING, RETA 4240-1 JACK FROST CT NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerald Brunette, SR. 4230-5 Jack Frost Court Naples, FL 34120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELGADO, JOSE 4240-4 JACK FROST CT NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Casanova 04/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #