

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25225

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: NAPLES WINTERPARK VIII, INC.

## Current Principal Place of Business:

C/O ABILITY MANAGEMENT  
6312 TRAIL BLVD  
NAPLES, FL 34108 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 770278  
NAPLES, FL 34107 US

## New Mailing Address:

FEI Number: 65-0030981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIVELY, DENNIS F  
6312 TRAIL BLVD.  
NAPLES, FL 34108 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: PD ( ) Delete  
Name: HUBING, RUTH  
Address: 4240 JACK FROST CT #3  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: POLING, RETA  
Address: 4240 JACK FROST CT #1  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: DELGADO, JOSE  
Address: 4240 JACK FROST CT #4  
City-St-Zip: NAPLES, FL 34112

Title: DP (X) Delete  
Name: CASANOVA, RONALD  
Address: 4240 JACK FROST COURT #5  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Delete  
Name: RHODES, ROSALIE  
Address: 4260 JACK FROST COURT #3  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASANOVA, RONALD  
Address: 2732 ORANGE GROVE TRAIL  
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change ( ) Addition  
Name: SEBER, DOROTHEA  
Address: 4260 JACK FROST CT #7  
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change ( ) Addition  
Name: GUTOWSKI, KATHLEEN  
Address: 6590 BEACH RESORT DR., #6  
City-St-Zip: NAPLES, FL 34114

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 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: RONALD CASANOVA

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date