## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2008 8:00 am Secretary of State DOCUMENT # N25225 04-17-2008 90038 002 \*\*\*\*61.25 NAPLES WINTERPARK VIII, INC. Mailing Address Principal Place of Business C/O ABILITY MANAGEMENT P.O. BOX 770278 NAPLES, FL 34107 US 6312 TRAIL BLVD NAPLES, FL 34108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 CR2E037 (12/06) Chg-NP 4. FEI Number 65-0030981 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIVELY, DENNIS F Street Address (P.O. Box Number is Not Acceptable) 6312 TRAIL BLVD. NAPLES, FL 34108 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **X** Addition TITLE ☐ Delete TITLE Change DENNIS HEEVOY CASANOVA, RONALD NAME NAME 4240 JACK FEOSE #8 STREET ADDRESS 2732 ORANGE GROVE TRAIL STREET ADDRESS CITY-ST-7IP NAPLES, FL 34112 CITY-ST-ZIP NAPLES, FL 34112 Delete Change ☐ Addition TITLE TITLE SEBER, DOROTHEA NAME STREET ADDRESS 4260 JACK FROST CT #7 STREET ADDRESS NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete MARGARET MCEVOY GÜTOWSKI, KATHLEEN NAME NAME # X 6590 BEACH RESORT DR., #6 STREET ADDRESS 4240 JACK FROST STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-7IP NAPLES, FL 34112 □ Change **□ Socition** TITLE ☐ Detete NAME NAME RICHARD WENZEL 4260 JACK FROST #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34/12. TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE . NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DENNIS LIVELU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR