2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27769

FILED Feb 15, 2008 Secretary of State

Entity Name: NAPLES AREA INTERGROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

5 12 ST S 85 12 ST SOUTH

NAPLES, FL 34102 US NAPLES, FL 34102 US

Current Mailing Address: New Mailing Address:

85 12 ST S 85 12 ST SOUTH

NAPLES, FL 34102 US NAPLES, FL 34102 US

FEI Number: 68-0058266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRENKERT, WILLIAM P
525 BAREFOOT WILLIAMS RD. #225

NAPI FO FL 24442 LIS

STRENKERT, WILLIAM P
525 BAREFOOT WILLIAMS RD.

NAPLES, FL 34113 US 225 NAPLES, FL 34113 US

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: 02/15/2008

Electronic Signature of Registered Agent Date

Electronic dignature of registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: C () Delete Title: C (X) Change () Addition

 Name:
 CARTER, DICK
 Name:
 KOBZA, AMY

 Address:
 550 NEAPOLITAN WAY
 Address:
 393 FLAMINGO AVE.

City-St-Zip: NAPLES, FL 34103 City-St-Zip: BONITA SPRINGS, FL 34135

Title: VC () Delete Title: VC (X) Change () Addition Name: KOBZA, AMY Name: SPATAFORA, MARC

 Address:
 393 FLAMINGO AVE
 Address:
 27031 FOREST PK. AVE.

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

 Name:
 WYATT, TARARA
 Name:
 WYATT, TAMARA

 Address:
 264 YORKSHIRE CT
 Address:
 1267 SOLANA ROAD

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34103

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 BROWN, NANCY
 Name:
 BROWN, MARY

 Address:
 995 9TH AVES #3
 Address:
 995 9TH AVES #3

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34102

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: WILLIAM P. STRENKERT OM 02/15/2008