2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N96000004709

Entity Name: CFA SOCIETY OF NAPLES, INC.

Current Principal Place of Business:

ATTN: WILLIAM F. KING, SUN TRUST BANK
12751 NEW BRITTANY BLVD
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

ATTN: WILLIAM F. KING, SUN TRUST BANK
12751 NEW BRITTANY BLVD
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-3405436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM F
12751 NEW BRITTANY BLVD
FORT MYERS, FL 33907 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:	P	( ) Delete
Name:	KING, WILLIAM F	
Address:	12751 NEW BRITTANY BLVD	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	VP	( ) Delete
Name:	MARK, IANNARELLI A	
Address:	600 5TH AVE. S, STE. 210	
City-St-Zip:	NAPLES, FL 34102	
Title:	T	( ) Delete
Name:	BROWN, JACK D	
Address:	801 LAUREL OAK DRIVE, SUITE 640	
City-St-Zip:	NAPLES, FL 34108	
Title:	S	( ) Delete
Name:	FONTANA, FRANK C	
Address:	11094 RIVER TRENT COURT	
City-St-Zip:	LEHIGH ACRES, FL 33971	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: FRANK C. FONTANA S 04/23/2008

Electronic Signature of Signing Officer or Director — Date