## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000051019

FILED Jan 12, 2009 Secretary of State

Entity Nar	ne: NAPLES	PLACE MANAGEMENT, INC.			•	
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
6435 HIGH NAPLES, F	ICROFT DRIV FL 34119	E				
Current Mailing Address:			New Maili	New Mailing Address:		
6435 HIGH NAPLES, F	ICROFT DRIV FL 34119	E				
FEI Number: 65-1020346 FEI Number Applied For ( )		FEI Number Applied For()	FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
6435 HIGH	IPER, HENRY ICROFT DRIV FL 34119 L	E				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or I	ooth,
SIGNATUF	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOLZKAMPER 6435 HIGHCRO	FT DRIVE	Title: Name: Address: City-St-Zip:	DIR ( HOLZKAMPE 6435 HIGHCF NAPLES, FL	ROFT DRIVE	
Title:	(	Delete	Title:	DIR (	) Change (X) Addition	

Name: Address: City-St-Zip:

MOORE, JAN EMS Name: Address: 6435 HIGHCROFT DRIVE NAPLES, FL 34119 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HOLZKAMPER DIR 01/12/2009