

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085768

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TT OF NAPLES, INC.

**Current Principal Place of Business:**

900 N. TAMIAMI TRAIL  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

515 NORTH FLAGLER DR.  
P-400  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-1261681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TAYLOR, TERRY  
515 NORTH FLAGLER DR.  
P-400  
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAYLOR, TERRY  
Address: 515 NORTH FLAGLER DRIVE P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: CERA, NANCY  
Address: 515 N. FLAGLER DR., STE. P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS (X) Delete  
Name: PROIA, JEANNE  
Address: 515 N. FLAGLER DR., STE. P-400  
City-St-Zip: WEST PALM BEACH, FL 33401

**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:

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: TERRY TAYLOR

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date