## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000022660

Entity Name: WESTBURY NAPLES, INC.

FILED Jan 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2200 GORDON DR. NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 2200 GORDON DR NAPLES, FL 34102 FEI Number: 33-1206181 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEXTON, DAVID N 1995 8TH ST. SOUTH NAPLES, FL 34102 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition DEGROOTE, MICHAEL H MR. Name: Name: 1111 INTERNATIONAL BLVD. Address: Address: City-St-Zip: City-St-Zip: BURLINGTON, ON L7L6W1 CA ( ) Delete Title: Title: ( ) Change (X) Addition DV Name: Name: DEGROOTE, GARY W MR. 1455 LAKESHORE RD SUITE 201N Address: Address: BURLINGTON, ON L7S2J1 CA City-St-Zip: City-St-Zip: Title: Title: () Delete DVS ( ) Change (X) Addition PEKARUK, JERRY MR. Name: Name: 1111 INTERNATIONAL BLVD. Address Address: City-St-Zip: City-St-Zip: BURLINGTON, ON L7L6W1 CA Title: () Delete Title: ( ) Change (X) Addition SEXTON, DAVID N MR. Name: Name: Address: Address: 1995 8TH STREET SOUTH City-St-Zip: City-St-Zip: NAPLES, FL 34102 US Title: Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

WATT, JAMES A MR.

11 VICTORIA STREET

HAMILTON HMEX BERMUDA, BE HMEX BE

SIGNATURE: JERRY PEKARUK ٧ 01/16/2009

( ) Delete

Name:

Address:

City-St-Zip: