

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000084190

**FILED**  
**Apr 25, 2008**  
**Secretary of State****Entity Name:** LIFESTYLE POOLS OF NAPLES, INC.**Current Principal Place of Business:**171 COMMERCIAL BLVD  
19  
NAPLES, FL 34104 US**New Principal Place of Business:****Current Mailing Address:**171 COMMERCIAL BLVD  
19  
NAPLES, FL 34104 US**New Mailing Address:****FEI Number:** 65-0617411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DALY, JOHN  
3325 AIRPORT RD UNIT J-1  
NAPLES, FL 33942 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:** DALY, JOHN  
**Address:** 3325 AIRPORT RD UNIT J-1  
**City-St-Zip:** NAPLES, FL**Title:** V (X) Delete  
**Name:** SCHULLO, GERALD  
**Address:** 27050 ESTHER DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: JOHN DALY

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04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date