2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AN Secretary of State

1. Entity Nan	MENT # P97000018	013				
Principal Plac	ce of Business	Mailing Address		7		
) 3200 Tamia Suite 200	IMI TRAIL N.	3200 TAMIAMI TRAIL N.				
NAPLES, FL	34103 US	SUITE 200 Naples, Fl. 34103 U	IS	,		
Ĺ		<u> </u>				
2. Principal F	Place of Business	3. Mailing Address		I STATISTA NE SAM LEGN EGNA ARM AR	 	
Suite, Apt.		Suite, Apt. #, etc.	•	01102005 Chg-P	CR2E034 (10/03)	
City & Stat	le	City & State		4. FEI Number	Applied For	
Zip	Country	Zip	Country	59-3434406	Not Applicable \$8.75 Additional	
				5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New R	legistered Agent	
WOODWARD, MARK J						
3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103			Streat Address	(P.O. Box Number is Not Acceptable	:)	
NAI 220, 1	1 E 04100 g					
			City		FL Zip Gode	
8. 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. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulated when reinstating). DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFF		
TITLE NAME	PD FERRAO, AUBREY J	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	3470 CLUB CENTER BOULEVAR	ds.	STREET ADDRESS			
CITY ST-ZIP	NAPLES, FL 34114		CITY- ST-ZIP			
TITLE	VPD	☐ Delete	TITLE	04/20/00	0342037 Change □ Addition -80039-016 158.75	
NAME STREET ADDRESS	PARISI, JOSEPH LIVIO 3470 CLUB CENTER BOULEVAR	מי	NAME STREET ADDRESS	04723705	-80039-016 158.75	
CITY-ST ZIP	NAPLES, FL 34114	·-	CITY-ST-ZIP	<u>-</u>		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	WOODWARD, MARK J		NAME DESCRIPTION OF THE PROPERTY OF THE PROPER			
STREET ADDRESS CITY - ST - ZIP	3200 TAMIAMI TRAIL N. NAPLES, FL 34103	<u>.</u> , .	STREET ADDRESS CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	DINARDO, ANTHONY		NAME			
STREET ADDRESS CITY-ST-ZIP	3470 CLUB CENTER BLVO. NAPLES, FL 34114	-	STREET ADDRESS) CITY-ST-ZIP			
TITLE			TITLE	 	☐ Change ☐ Addillion	
NAME			NAME		La vivilge La viagillell	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST ZIP		Make Make	
TITLE NAME	•	□ Defele	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		1.1. (00-1.1.)	CITY-ST-ZIP		tud a sa dit di a di a di	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
changed, or on an attachment with an address, with all other like empowered.						
CICKIAT	SIGNATURE: 4/13/05 (239) 732-9400 Description Director Director Description De					
SIGNAT	OKE: SCHOOL WEST OF THE PROPERTY OF THE PROPER	WTERNAME OF SIGNING OFFICER OR	DIRECTOR DICECT	7// 3 /04	Daytime Phone #	