## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000052265

Entity Name: WORTHINGTON COMMUNITIES OF NAPLES, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9240 MARKERPLACE			9240 MARKETPLACE STE 2	9240 MARKETPLACE RD.	
STE 2 FORT MYERS, FL 33912				FORT MYERS, FL 33912	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9240 MARKERPLACE STE 2 FORT MYERS, FL 33912			STE 2	9240 MARKETPLACE RD. STE 2 FORT MYERS, FL 33912	
FEI Number:	: 65-0762113	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GARGANO, ANTHONY J 2075 W. 1ST ST. SUITE 203 FT MYERS, FL 33901 US				SKIERA, ANDREA 9240 MARKETPLACE RD., STE. 2 FT MYERS, FL 33912 US	
	named entity s e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: ANDREA SKIERA				04/13/2005	
		ic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DARRAGH, JEF	PLACE RD STE 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, LARR	PLACE RD STE 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GNAGEY, JOH	PLAVE RD STE 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KARL, DEBORA	PLACE RD STE 2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DT ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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:

SIGNATURE: ANDREA SKIERA MRS. 04/13/2005

LIEBERT, GLENN W

City-St-Zip: FORT MYERS, FL 33912

9240 MARKETPLACE RD STE 2

Name:

Address: