

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000105219**

1. Entity Name  
**INVESTMENT PROPERTIES CORPORATION OF NAPLES**



Principal Place of Business

**3838 TAMiami TRAIL NORTH  
STE 402  
NAPLES, FL 34103**

Mailing Address

**3838 TAMiami TRAIL NORTH  
STE 402  
NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0798632**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CONROY, J T III  
CONROY, CONROY & DURANT, PA  
2210 VANDERBILT BEACH RD STE 1201  
NAPLES, FL 34109**

**DO NOT WRITE  
IN THIS SPACE**

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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000591716  
01/19/07-80034-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STEVENS, DAVID J 3838 TAMiami TR N, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GONNERING, WILLIAM V 3838 TAMiami TR N, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONROY, JOHN T JR 3838 TAMiami TR N, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William V. Gonnering* 1/2/07 239-261-3400