

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006614

Entity Name: NAPLES ASIAN PROFESSIONALS ASSOCIATION, INC.**Current Principal Place of Business:**8213 SOUTHWIND BAY CIR
FORT MYERS, FL 33908**Current Mailing Address:**PMB #4
P.O. BOX 413005
NAPLES, FL 34101-3005**FEI Number:** 59-3726509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALAIMO, MARVE ANN ESQ.
8000 HEALTH CENTER BLVD, STE 300
BONITA SPRINGS, FL 34135 US*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

Officer/Director Detail :

Title D, VP
Name ZUNG-CLOUGH, REBECCA
Address 8985 FONTANA DEL SOL WAY
City-State-Zip: NAPLES FL 34109

Title D
Name ZHOU, FRANK
Address 4652 NAVASSA LANE
City-State-Zip: NAPLES FL 34119

Title D
Name DE ISAZA, BERNADETTE
Address 840 10TH AVE NE
City-State-Zip: NAPLES FL 34120

Title D, T
Name CHEN, KIM
Address 2375 TAMiami TRAIL NORTH, STE 110
City-State-Zip: NAPLES FL 34103

Title D
Name ALAIMO, MARVE ANN
Address 8000 HEALTH CENTER BOULEVARD
#300
City-State-Zip: BONITA SPRINGS FL 34135

Title D, P
Name FENG, COLIN G
Address 8213 SOUTHWIND BAY CIR
City-State-Zip: FORT MYERS FL 33908

Title D
Name HALE, BOB
Address 6300 SERANO WAY
City-State-Zip: NAPLES FL 34113-1696

Title D
Name HALE, KIM
Address 6300 SERANO WAY
City-State-Zip: NAPLES FL 34113-1696

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM CHEN**TREASURER****04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAK, JOSEPHINE
Address 5324 BEAUTY ST
City-State-Zip: LEHIGH ACRES FL 33971

Title DIRECTOR
Name CRUZ, PEARL
Address 13751 PLATI COURT
City-State-Zip: ESTERO FL 33928-7301

Title DIRECTOR
Name ROEMISCH, CYNTHIA
Address 2373 HIDDEN LAKE CRT UNIT 2
City-State-Zip: NAPLES FL 34112