

**2013 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 1941 ISLA DE PALMA CIRCLE  
City-State-Zip: NAPLES FL 34119

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  
Name WRIGHT, JUDY  
Address 500 LOGAN BLVD S  
City-State-Zip: NAPLES FL 34119

Title D, S  
Name WRIGHT, LISA  
Address 500 LOGAN BLVD S  
City-State-Zip: NAPLES FL 34119

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

**Continues on page 2**

*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: MARVE ANN ALAIMO****DIRECTOR****04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name WANG, LISA  
Address 488 TERRACINA WAY  
City-State-Zip: NAPLES FL 34119

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

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