

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002491

Entity Name: NORTH NAPLES MIDDLE SCHOOL PTO, INC.**Current Principal Place of Business:**16165 LEARNING LANE
NAPLES, FL 34110**Current Mailing Address:**16165 LEARNING LANE
NAPLES, FL 34110 US**FEI Number:** 20-1495100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OWENS, MONIQUE N
16165 LEARNING LANE
NAPLES, FL 34110 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:** MONIQUE OWENS

01/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TR	Title	VP
Name	OWENS, MONIQUE N	Name	SLAVEN, RACHEL
Address	16165 LEARNING LANE	Address	16165 LEARNING LANE
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110
Title	CORRESPONDING SECRETARY	Title	SECRETARY
Name	HAYDEN, DAWN	Name	HAYDEN, DAWN
Address	16165 LEARNING LANE	Address	16165 LEARNING LANE
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110
Title	DIRECTOR	Title	PRESIDENT
Name	BEEBE, KAREN	Name	HEDRICH, JEN
Address	16165 LEARNING LANE	Address	16165 LEARNING LANE
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

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: MONIQUE T. OWENS**TREASURER**

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date