

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25225

Entity Name: NAPLES WINTERPARK VIII, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109-6834

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109-6834 US

FEI Number: 65-0030981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD.
NAPLES, FL 34109-6834 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 P
Name SEBER, DOROTHEA
Address 4260 JACK FROST COURT, #7
City-State-Zip: NAPLES FL 34112

Title SECRETARY
Name BOURQUE, SKIP
Address 4250 JACK FROST COURT, #5
City-State-Zip: NAPLES FL 34112

Title T
Name WENZEL, RICHARD
Address 4260 JAKC FROST COURT, #6
City-State-Zip: NAPLES FL 34112

Title VP
Name SMOLIAR, YURY
Address 4260 LOOKING GLASS LANE, #8
City-State-Zip: NAPLES FL 34112

Title D
Name CASANOVA, RONALD
Address 32732 ORANGE GROVE TRAIL
City-State-Zip: NAPLES FL 34120

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: DOROTHEA SEBER

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date