

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001273

FILED
Jul 16, 2008
Secretary of State

Entity Name: BAYSHORE OF NAPLES, INC.

Current Principal Place of Business:

400 W. 7TH STREET
SUITE 200
BLOOMINGTON, IN 47404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1961
BLOOMINGTON, IN 47402

New Mailing Address:

FEI Number: 35-2039271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, MARK
850 PARK SHORE DRIVE
TRIANON CENTRE, THIRD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DVORAK, PETER
Address: 400 W. 7TH STREET SUITE 200
City-St-Zip: BLOOMINGTON, IN 47404

Title: SD (X) Delete
Name: MCCARTY, STEPHEN
Address: 1817 KOLFF STREET
City-St-Zip: NEWPORT, MN 55055

Title: TD (X) Delete
Name: MALO, BOYD
Address: 1817 KOLFF STREET
City-St-Zip: NEWPORT, MN 55055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DVORAK

PD

07/16/2008

Electronic Signature of Signing Officer or Director

_____ Date