

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001273

FILED  
Apr 25, 2007  
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

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

Title: TD ( ) 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

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date