


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005938

1. Entity Name
 NAPLES FALLING WATERS 504 MANAGEMENT, INC.



Principal Place of Business
 201 N. ILLINOIS STREET, 23RD FLOOR
 INDIANAPOLIS, IN 46204

Mailing Address
 201 N. ILLINOIS STREET, 23RD FLOOR
 INDIANAPOLIS, IN 46204



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 35-2154598

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000303056
 04/13/05-80094-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BROADBENT, GEORGE P
STREET ADDRESS	201 N. ILLINOIS STREET, 23RD FLOOR
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	CD
NAME	BROADBENT, GEORGE P
STREET ADDRESS	201 N. ILLINOIS STREET, 23RD FLOOR
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	V
NAME	BRADLEY, JOYCE A
STREET ADDRESS	201 N. ILLINOIS STREET, 23RD FLOOR
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce A. Bradley Joyce A. Bradley 3/25/05 (317) 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #