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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728586** (9)
1. Corporation Name
RIMERA GOLF ESTATES CONDOMINIUM UNIT #1, INC.

Principal Place of Business Mailing Address
**325 CHARLEMAGNE BLVD. C 100
NAPLES FL 33962** **325 CHARLEMAGNE BLVD. C 100
NAPLES FL 33962**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/07/1974** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-1724908** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHRISTENSEN, MENTOR H.
325 CHARLEMAGNE BL. #109C
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | PD |
| NAME | CHRISTENSEN, MENTOR |
| STREET ADDRESS | 325 CHARLEMAGNE #109C |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | VD |
| NAME | BARROWS, VINCENT |
| STREET ADDRESS | 325 CHARLEMAGNE #109C |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | SD |
| NAME | CHRISTENSEN, VINCENT |
| STREET ADDRESS | 325 CHARLEMAGNE #103B |
| CITY - ST - ZIP | C-103 NAPLES, FL 00000 |
| TITLE | TD |
| NAME | BAIRD, HELEN B. |
| STREET ADDRESS | 325 CHARLEMAGNE #105C |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | D |
| NAME | STINSON, ROBERT |
| STREET ADDRESS | 325 CHARLEMAGNE #203C |
| CITY - ST - ZIP | NAPLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | VD |
| 23 STREET ADDRESS | JOHN STEGENGA |
| 24 CITY - ST - ZIP | 325 CHARLEMAGNE # 204B NAPLES, FL. 33962 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen B. Baird *Helen B. Baird* 4/4/95 813-774-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone) (Telex #)