# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

pg. 1 of 2.

DOCUMENT # **733135** **(8)**

1. Corporation Name

**NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 1044 CASTELLO DRIVE #206<br>NAPLES FL 33940 | 1044 CASTELLO DRIVE #206<br>NAPLES FL 33940 |

3. Date Incorporated or Qualified: **06/20/1975**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1650603** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SOUTHWEST PROPERTY MGMT CO
1044 CASTELLO DRIVE #206
NAPLES 33940

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PD~~<br>~~KOPP, DOYLE~~<br>~~160 CAPE SABLE DR~~<br>~~NAPLES FL~~ | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>William Tilbrook<br>229 Cape Sable<br>Naples, Florida | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPD~~<br>~~PRESCOTT, RICHARD~~<br>~~240 CAPE SABLE DR~~<br>~~NAPLES FL~~ | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>Robert Botma<br>875 Cape Haze Lane<br>Naples, Florida | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~TD~~<br>FITZPATRICK, RON<br>841 CAPE HAZE LANE<br>NAPLES FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCENERY, EVELYN<br>807 CAPE HAZE LANE<br>NAPLES FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~SEVERNS, RONALD~~<br>~~292 CAPE SABLE DR~~<br>~~NAPLES, FL 00000~~ | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | TD<br>True Primrose Bates<br>585 Cape Florida Lane<br>Naples, Florida | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>EMENHISER, HOWARD<br>253 CAPE SABLE DR<br>NAPLES FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

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 119.07(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:** William S. Tilbrook Pres. 3/27/96 643-5964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D
Conard Wrightsman
883 Cape Haze Lane
Naples, Florida

D
Richard Stadler
172 Cape Sable Drive
Naples, Florida

D
Gilbert Harpin
555 Cape Florida Lane
Naples, Florida