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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 733135 (8)

1. Corporation Name
NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC

Principal Place of Business	Mailing Address
1044 CASTELLO DRIVE #206 NAPLES FL 33940	1044 CASTELLO DRIVE #206 NAPLES FL 34103-1900

3. Date Incorporated or Qualified: 06/20/1975
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TILBROOK, WILLIAM		1.2 NAME		
STREET ADDRESS	229 CAPE SABLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOTNA, ROBERT		2.2 NAME		
STREET ADDRESS	875 CAPE HAZE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	DS	☐ Change ☐ Addition
NAME	FITZPATRICK, RON		3.2 NAME	Fitzpatrick, Diane	
STREET ADDRESS	841 CAPE HAZE LANE		3.3 STREET ADDRESS	841 Cape Haze Lane	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, Florida	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MCENERY, EVELYN		4.2 NAME	Corbin, Don	
STREET ADDRESS	807 CAPE HAZE LANE		4.3 STREET ADDRESS	723 Cape Haze Way	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, Florida	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRUE PRIMROSE BATES		5.2 NAME		
STREET ADDRESS	585 CAPE FLORDIA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	EMENHISER, HOWARD		6.2 NAME	McEnery, Evelyn	
STREET ADDRESS	253 CAPE SABLE DR		6.3 STREET ADDRESS	807 Cape Haze Lane	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Naples, Florida	

CR2E037 (9/96)

14. I do 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 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.