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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733135

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 US

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)

3. Date Incorporated or Qualifed: 06/20/1975

4. FEI Number: 59-1650603 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MGMT CO
1044 CASTELLO DRIVE #206
NAPLES 34103

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		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	~~PD~~		1.1 TITLE	PD	
NAME	~~HOFFMAN, OLGA~~		1.2 NAME	Watkins, Sylvia	
STREET ADDRESS	~~252 CAPE SABLE DRIVE~~		1.3 STREET ADDRESS	172 Cape Sable Drive	
CITY-ST-ZIP	~~NAPLES FL 34104~~		1.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	~~D~~	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	HARPIN, GILBERT W		2.2 NAME		
STREET ADDRESS	555 CAPE FLORIDA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		2.4 CITY-ST-ZIP		
TITLE	~~DST~~	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	~~FITZPATRICK, DIANE~~		3.2 NAME	Fitzpatrick, Ron	
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, FL 34104	
TITLE	~~D~~	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	~~CORBIN, DON~~		4.2 NAME	Bates, Primrose	
STREET ADDRESS	~~723 CAPE HAZE WAY~~		4.3 STREET ADDRESS	585 Cape Florida lane	
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	~~VD~~	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	~~WATKINS, SYLVIA~~		5.2 NAME	Aspacher, Hazel	
STREET ADDRESS	~~172 CAPE SABLE DRIVE~~		5.3 STREET ADDRESS	423 Cape Florida Way	
CITY-ST-ZIP	~~NAPLES FL 34104~~		5.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	~~D~~	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	~~PEPPER, JAMES~~		6.2 NAME	Piett, Russell	
STREET ADDRESS	~~730 CAPE HAZE LANE~~		6.3 STREET ADDRESS	264 Cape Sable Drive	
CITY-ST-ZIP	~~NAPLES FL 34104~~		6.4 CITY-ST-ZIP	Naples, FL 34104	

14. 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 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, with all other like empowered.

SIGNATURE: Sylvia E Watkins IRED 3/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)