2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90013 018 ****61.25

DOCUMENT # 733135

1. Entity 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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHWEST PROPERTY MGMT CO *1044 CASTELLO DRIVE #206* NAPLES 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATKINS, SYLVIA 172 CAPE SABLE DR NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARPIN, GILBERT W 555 CAPE FLORIDA LANE NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PIETT, RUSSELL 264 CAPE SABLE DR. NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FITZPATRICK, RON 841 CAPE HAZE LANE NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRIMROSE BATES, ~~ARIMROSE~~ 585 CAPE FLORIDA LN NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASPACHER, HAZEL 923 CAPE FLORIDA LN NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tarr, Robert 796 Cape Haze Way Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIETT, RUSSELL 264 CAPE SABLE DR NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HABEL, RON 277 CAPE SABLE DR NAPLES, FL 34104	☒ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: Richard A. Jr Tarr REQUIRED 4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #