

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90019 039 ****61.25

DOCUMENT # 733135

1. Entity Name

NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**1044 CASTELLO DRIVE #206
NAPLES FL 33940**

Mailing Address

**1044 CASTELLO DRIVE #206
NAPLES FL 34103
US**

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 FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VPD HARPIN, GILBERT W 555 CAPE FLORIDA LANE NAPLES FL 34104	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZPATRICK, RON 841 CAPE HAZE LANE NAPLES FL	☐ Delete
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	D ASPACHER, HAZEL 923 CAPE FLORIDA LN NAPLES FL 34104	☐ Delete
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	VD Bob Tarr 796 Cape Haze Way NAPLES, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Stadler 172 Cape Sable DR NAPLES, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tony Talivacchio 148 Cape Sable DR. Naples, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Primrose	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Linbaugh 707 Cape Haze Way Naples, FL 34104	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Habel 277 Cape Sable Dr. Naples, FL 34104	☐ Change ☒ Addition

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:

Ronald Fitzpatrick 4-25-01 941 643-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)