2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 29, 2002 8:00 am Secretary of State **DOCUMENT # 733135** 1. Entity Name NAPLES MOBILE ESTATES COMMUNITY ASSOCIATION, INC 04-29-2002 90076 039 ****61 Mailing Address Principal Place of Business 1044 CASTELLO DRIVE #206 1044 CASTELLO DRIVE #206 NAPLES FL 33940 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1650603 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHWEST PROPERTY MGMT CO 1044 CASTELLO DRIVE #206 NAPLES FL 34103 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change PD ☐ Delete TITLE CR2E037 (9/01 zabeth Ker NAME NAME WATKINS, SYLVIA STREET ADDRESS STREET ADDRESS 172 CAPE SABLE DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Addition Change ☐ Delete TITLE TITLE ۷D NAME NAME TARR, BOB STREET ADDRESS STREET ADDRESS 796 CAPE HAZE WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Addition TITLE Change Delete - -TITLE SD-NAME FITZPATRICK, RON NAME STREET ADDRESS STREET ADDRESS 841 CAPE HAZE LANE CITY-ST-ZIP CITY-ST-ZIP <u>naples fl</u> Addition Change ☐ Delete TITLE TITLE TD NAME NAME BATES, PRIMROSE STREET ADDRESS STREET ADDRESS 585 CAPE FLORIDA LN CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34104 Change ☐ Addition Delete TITLE NAME NAME aspacher, Hazel STREET ADDRESS STREET ADDRESS 923 CAPE FLORIDA LN CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Addition TITLE ☐ Delete TITLE Change NAME HABEL, RON NAME STREET ADDRESS STREET ADDRESS 277 CAPE SABLE DRIVE CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34104 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #

STICKTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: