

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91052 023 ****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

03192004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WATKINS, SYLVIA
STREET ADDRESS 172 CAPE SABLE DR
CITY-ST-ZIP NAPLES, FL 34104

TITLE VD ☒ Delete
NAME TARR, BOB
STREET ADDRESS 796 CAPE HAZE WAY
CITY-ST-ZIP NAPLES, FL 34104

TITLE D ☐ Delete
NAME SCHULZ, CHESLEY
STREET ADDRESS 881 CAPE HAZE LN
CITY-ST-ZIP NAPLES, FL 34104

TITLE TD ☒ Delete
NAME BATES, PRIMROSE
STREET ADDRESS 585 CAPE FLORIDA LN
CITY-ST-ZIP NAPLES, FL 34104

TITLE D ☒ Delete
NAME PERRY, ELEANOR
STREET ADDRESS 471 CAPE FLORIDA WAY
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☒ Delete
NAME HABEL, RON
STREET ADDRESS 277 CAPE SABLE DRIVE
CITY-ST-ZIP NAPLES, FL 34104

TITLE PD ☒ Change ☐ Addition
NAME Habel, Ron
STREET ADDRESS 277 Cape Sable Dr.
CITY-ST-ZIP Naples, FL 34104

TITLE VD ☐ Change ☒ Addition
NAME Greenwell, Ron
STREET ADDRESS 755 Cape Haze Way
CITY-ST-ZIP Naples, FL 34104

TITLE SD ☐ Change ☒ Addition
NAME Fitzpatrick, Diana
STREET ADDRESS 841 Cape Haze Way
CITY-ST-ZIP Naples, FL 34104

TITLE TD ☐ Change ☒ Addition
NAME Talvaachia, Joyce
STREET ADDRESS 148 Cape Sable Ln
CITY-ST-ZIP Naples, FL 34104

TITLE D ☐ Change ☒ Addition
NAME Stadler, Dick
STREET ADDRESS 137 Cape Sable Dr
CITY-ST-ZIP Naples, FL 34104

TITLE D ☐ Change ☒ Addition
NAME Linebaugh, Robert
STREET ADDRESS 707 Cape Haze Way
CITY-ST-ZIP Naples, FL 34104

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:

R. D. HABEL **R. D. HABEL**

4-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #