

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90500 028 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 733135

1. Entity Name
**NAPLES MOBILE ESTATES COMMUNITY
ASSOCIATION, INC.**



70044972

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

**SOUTHWEST PROPERTY MGMT CO
1044 CASTELLO DRIVE #206
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

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
**VD
TARR, BOB
796 CAPE HAZE WAY
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
BATES, PRIMROSE
586 CAPE FLORIDA LN
NAPLES, FL 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERRY, ELIZABETH
471 CAPE FLORIDA WAY
NAPLES, FL 34104** ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Schultz, Chesley
881 Cape Haze Ln.
Naples, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Perry, Eleanor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (10/02)