

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 26 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **744650** (3)

1. Corporation Name

**GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

4060 GOLDEN GATE PARKWAY  
NAPLES FL 33999

~~4060 GOLDEN GATE PARKWAY~~  
~~NAPLES FL 33999~~

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/20/1978</b>   | 3a. Date of Last Report<br><b>04/21/1994</b> |
| 4. FEI Number<br><b>59-1923809</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                               |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address           |
| 21 <input type="checkbox"/>    | 26 <b>1044 Castello Drive</b> |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.        |
| 23 City & State                | 28 <b>Suite 206</b>           |
| 24 Zip                         | 29 <b>Naples, FL</b>          |
| 25 Country                     | 30 <b>USA</b>                 |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent   | 10. Name and Address of New Registered Agent          |
| <b>SOUTHWEST PROPERTY MANAGMNT CORPORATION</b><br><b>1044 CASTELLO DRIVE #206</b><br><b>NAPLES FL 33940</b> | 81 Name   |
|   | 82 Street Address (P.O. Box Number is Not Acceptable) |
|   | 83  |
|   | 84 City   |
|   | 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

|                            |                                 |   |   |
|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | PD                              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | BLAIS, ARMAND                   | 1.2 NAME  |   |
| STREET ADDRESS             | P.O. BOX 1364, N/A              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SEBASTIAN FL                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>VPD</del>                  | 2.1 TITLE   | T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>BABROWSKI, KAZIMIER</del>  | 2.2 NAME  | Abernathy, Joyce  |
| STREET ADDRESS             | <del>474 GOGGHATCHEE BLVD</del> | 2.3 STREET ADDRESS                                    | 2736 Davis Blvd.  |
| CITY-ST-ZIP                | <del>NAPLES FL</del>            | 2.4 CITY-ST-ZIP                                       | Naples, FL  |
| TITLE                      | <del>FD</del>                   | 3.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <del>GLICK, MYRON</del>         | 3.2 NAME  | Montello, Sam   |
| STREET ADDRESS             | <del>P.O. BOX 10679, N/A</del>  | 3.3 STREET ADDRESS                                    | 7320 St. Ives #4305   |
| CITY-ST-ZIP                | <del>NAPLES FL</del>            | 3.4 CITY-ST-ZIP                                       | Naples, FL  |
| TITLE                      | <del>D</del>                    | 4.1 TITLE   | S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILLER, JOHN                    | 4.2 NAME  |   |
| STREET ADDRESS             | 5280 23RD CT SW                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <del>D</del>                    | 5.1 TITLE   | V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARSON, AL                      | 5.2 NAME  |   |
| STREET ADDRESS             | 4500 13TH AVE SW                | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/95 813-261-3440