

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744650** (3)

1. Corporation Name

GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4050 GOLDEN GATE PARKWAY NAPLES FL 33999**
Mailing Address: **1044 CASTELLO DRIVE STE. 206 NAPLES FL 33940 US**

3. Date Incorporated or Qualified: **10/20/1978**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1923809	Not Applicable	
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
	City & State		City & State				
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
	Zip		Zip				
24	24	29	29	30	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	Country		Country				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOUTHWEST PROPERTY MANAGMENT CORPORATION 1044 CASTELLO DRIVE #206 NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when transferring.) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	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	SEBASTAIN FL		1.4	CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE	2.1	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	V/D
NAME	ABERNATHY, JOYCE		2.2	NAME			
STREET ADDRESS	2736 DAVIS BLVD.		2.3	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2.4	CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE	3.1	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	T/D
NAME	MONTELLO, SAM		3.2	NAME			
STREET ADDRESS	7320 ST. IVES #4305		3.3	STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4	CITY-ST-ZIP			
TITLE	SE	<input checked="" type="checkbox"/> DELETE	4.1	TITLE	<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	VD	<input checked="" type="checkbox"/> DELETE	5.1	TITLE	<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		<input type="checkbox"/> DELETE	6.1	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	S/D
NAME			6.2	NAME			Nicholas Cherup
STREET ADDRESS			6.3	STREET ADDRESS			1034 Bluebird Drive
CITY-ST-ZIP			6.4	CITY-ST-ZIP			Rochester Hill, MI 48307

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 1907(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/24/96 Date: _____ 941-261-3440 Daytime Phone #

CR2E037 (12/95)