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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744650 (3)
 1. Corporation Name
GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business 4050 GOLDEN GATE PARKWAY NAPLES FL 33999	Mailing Address 1044 CASTELLO DRIVE STE. 206 NAPLES FL 33940 US
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3. Date Incorporated or Qualified
10/20/1978

4. FEI Number 59-1923809	Applied For Not Applicable
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21. Principal Place of Business 1044 Castello Drive Suite, Apt. #, etc.	22. Mailing Address Suite 206 City & State
23. Naples, FL Zip	24. 34103 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGMNT CORPORATION
 1044 CASTELLO DRIVE #206
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL 34103
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BLAIS, ARMAND	1.1 TITLE	VPD
NAME	P.O. BOX 1384, N/A	1.2 NAME	
STREET ADDRESS	SEBASTAIN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ABERNATHY, JOYCE	2.1 TITLE	PD
NAME	2738 DAVIS BLVD.	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MILLER, JOHN	3.1 TITLE	SD
NAME	5280 23RD CT SW	3.2 NAME	Morris, Susan
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	2832 44th Terrace SW
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 34116
TITLE	VD CARSON, AL	4.1 TITLE	TD
NAME	4500 13TH AVE SW	4.2 NAME	Dosch, Iggle L.
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	3601 11th Avenue SW
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34117
TITLE	TD HUSK, CLIFF	5.1 TITLE	VPD
NAME	2832 44TH TERRACE SW	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Susan Morris* 4-9-98 261-3440

CR2E037 (10/97)