

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

**FILED**  
Feb 21, 2003 8:00 am  
Secretary of State

02-21-2003 90227 023 \*\*\*\*61.25

DOCUMENT # **744650**



1. Entity Name  
**GOLF CREST OF NAPLES CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business <b>1044 CASTELLO DR SUITE 206 NAPLES FL 34103 US</b>	Mailing Address <b>1044 CASTELLO DRIVE STE. 206 NAPLES FL 34103 US</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-1923809</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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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 MANAGEMENT CORPORATION  
1044 CASTELLO DRIVE #206  
NAPLES FL 33940**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code **34103**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABERNATHY, JOYCE</b>	
STREET ADDRESS	<b>4050 GOLDEN GATE PKWY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, SUSAN</b>	
STREET ADDRESS	<b>2832 44TH TERRACE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HUSK, CLIFF</b>	
STREET ADDRESS	<b>2832 44TH TERRACE SW</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RAAB, LARRY</b>	
STREET ADDRESS	<b>5871 10TH AVENUE NW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICH, JIM</b>	
STREET ADDRESS	<b>2215 ROYAL LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Husk, Cliff</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Raab, Larry</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ritter, Steve D.</b>	
STREET ADDRESS	<b>920 47th Avenue NE</b>	
CITY-ST-ZIP	<b>Naples, FL 34120</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* Date: **2-17-03** Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)