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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 759028

(4)

DIED	Q	CONDOMINIUM	ASSOCIATION.	INC.
PIFR	n	CV MALICIARIDIALO IAL	AUUUUUINI IVIII	1110.

Principal Place of Book St. SOU NAPLES FL 33940 2. Principal Place of Suite, Apt. #, etc.	TH	Mailing Address 745 12TH AVE S. SUITE D			i (\$2)(i i884) Silih satit satite con	<u> </u>		
NAPLES FL 33940 2. Principal Place c Suite, Apt. #, etc.		SUITE D						
2. Principal Place of Suite, Apt. #, etc								
Suite, Apt. #, etc		WALLED LE 20240	SUITE D NAPLES FL 33940		3. Date Incorporated or Qualified	3a. Date of Last Report		
Suite, Apt. #, etc		US			07/06/1981	04	/19/19	
Suite, Apt. #, etc	of Business	2a. Mailing Address			4. FEI Number			pplied For
Suite, Apt. #, etc		26			59-2206950			ot Applicable Additional
	c	Suite, Apt. #, etc.			5. Certificate of Status Desired			lequired
		City & State			6. Flection Campaign Financing		\$5.00	May Be
City & State		28		<u></u>	Trust Fund Contribution			I to Fees
3	Country	Zip	C	ountry	8. This corporation has liability for in	ntangible tax u ∃ Yes □ Ne	ınder s.	199.032,
.n	25	29	30		10. Name and Address of New R			
9	Name and Address of Current	Registered Agent		81 Name	10. Name and Address of their	- B		
						in\		
MOORE PRO	OPERTY MANAGEMENT			82 Street Addi	ess (P.O. Box Number is Not Acceptab	(E)		
745 12TH A				83				
SUITE D							85 Zıç	Code
NAPLES FL	33940			84 City		FL '	1	
		C17 1509 Florida State	dos the s	hove partied corpor	ration submits this statement for the pur ird of directors. I hereby accept the appr	pose of chang	ging its r	egistered offi
or registered a familiar with, a	agent, or both, in the State of Floric and accept the obligations of, Secti	da. Such change was author ion 617.0503, Florida Statute	ized by th	e corporation s post	ration submits this statement for the pur ird of directors. I hereby accept the appr			
SIGNATURE	aring typed or printed name of regislated again	the state of the s		ared Agent signature recurs	James restaurgh ADD HONS CHANGES TO OFF	DATE ICE RS AND D	HRE ÖTC	RS IN 12
12.	OFFICERS AN	D DIRFCTORS		3.	- P/D	×	Change	Addition
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I .	D	Д•		2 NAME	Robert Hora	146		
	LYON, WAYNE 780 13TH AVE S.			3 STREET ADDRESS	780 134 1	<i>ye</i> 3≀ ⊐⊃⁄	V2	
I .	NAPLES FL			4 CHY-ST-ZIF	Robert Hord 780 13th A Naples, FL	, <u>137</u>	7 Change	☐ Additio
	D	☐ DELETE	3	S 1 TITLE	•	L.	J Change	
	SHORT, MRS. J.			3.2 NAME				
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CHY-ST-ZIP	NAPLES FL			3 4. CITY - ST ZIF] Change	Addition
TITLE	T	DELETE		4 1 TITLE 4 2 NAME				
NAME	ROWLAND, ALLEN			4 3 STREET ADDRESS				
STREET ADDRESS	780 13TH AVENUE SOUTH			4.4 CHY-ST-ZIP				
CITY-ST-ZIP	NAPLES FL	∑ ELETE		5 1 TITLE		C	Change	Additi
TITLE	PD Zinn, Dr. Charles	Γ,	1	5.2 NAME				
NAME STREET ADDRESS	780 13TH AVE SO. B-3		- 1	5 3 STREET ADDRESS				
CITY-ST-IP	NAPLES FL			5 4 City - ST - ZIP		T	Change	Additi
TITLE	D	DELETE		61 TITLE		L		
NAME	SCHNEIDER, MARTIN		1	6 2 NAME				
STREET ADDRESS	780 13TH AVE. S. #A-1		Ì	6 3 STREET ADDRESS				
CITY - ST - ZIP	NIADI EC EI	d with this films is valuatable	furnished	and does not qualif	y for the exemption stated in Section 11 urate and that my signature shall have the	19.07(3)(k), Flo	rida Stat	utes. I furthe
14. I do hereby certify that	certify that the information supplied the information indicated on this ar	nual report or supplemental	annual re	port is true and acci	y for the exemption stated in Section 1) urate and that my signature shall have the this report as required by Chapter 617,	ne same legal Florida Statut	enect as es; and	that my nam
oath; that I	am an officer or director of the cor Block 12 or Block 13 if changed, o	poration or the receiver or tri ir on an attachment with a n a	address.					
appears in	12.1.0	LG Wal	Δ	TROAS	URER 4-16-96 9	41-262	2 - 5	05/
SIGNATI	URE: // AMO	OR PHINTED NAME OF SIGNING OF	ICER OF	DIRECTOR	Date L		aytme Pho	re#