## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation		` '			
THE S	UZANNE CONDOMINIUM AS	Mailing Address	····		
855 KETCH DR		855 KETCH DR #104			
NAPLES FL 33		NAPLES FL 33940		3. Date Incorporated or Qualified 08/06/1981	
				4. FEI Number	Applied For
				59-2167858	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeo	7,000,000
23	T Country	28	Country		
24 34/	Country Country	34103 3	Country	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible
<u> </u>	9. Name and Address of Current	100		10. Name and Address of New Registe	
			81 Name		
LANDON, GLENN A. 82 Stre			82 Street Add	dress (P.O. Box Number is Not Acceptable)	, 118.1
855 KETCH DRIVE #107 NAPLES FL 33940			83		
MAPLEO	FL 33940				· · · · · · · · · · · · · · · · · · ·
			84 City		FL   55   35   37   37
11. Pursuant i	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617,1508, Florida Statutes	the above-named cor	poration submits this statement for the purpo- ation's board of directors. I hereby accept the	ose of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered agent	and title If applicable. (NOTE I	Registered Agent signature requ	(red when reinstating)	ATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNA, MARGARET		1.2 NAME		
STREET ADDRESS	825 KETCH DRIVE #101 NAPLES FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	DOWLING, KENNETH	_	22 NAME		•
STREET ADDRESS	855 KETCH DRIVE #304		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP		
TITLE	PD	DELETE	3.1 TITLE	VPD	Change X Addition
HAME	HARRINGTON, JOHN			Slayton, Eileen	
STREET ADDRESS CITY-ST-ZIP	855 KETCH DR 305 NAPLES FL			355 Ketch Drive #204 Naples, Florida 34103	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERNDON, DUDLEY		4.2 NAME		
STREET ADDRESS	825 KETCH DRIVE #301		4.3 STREET ADDRESS		ļ
CITY-ST-ZW	NAPLES FL		4.4 CITY-ST-ZIP		
TOTLE	VD	DELETE	•	PD	Change Addition
NAME OTTOGET A DODGEGO	LANDON, GLENN 855 KETCH DRIVE #107		5.2 NAME		
STREET ADDRESS	NAPLES FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	INFLED FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		<del></del>	CONAME		

14. I hereby certify that the information supplied with this filling 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 information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificate in Section 119.07(3)(iii), Florida Statutes. I further certificate in Section 119.07(3)(iii), Florida Statute

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 11 1998 8:00am

Secretary of State