

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 # 766367

(7)

1. Corporation Name

NAPLES SUNRISE III, INC.



Principal Place of Business

156 PALM DRIVE
NAPLES FL 33962

Mailing Address

156 PALM DRIVE
NAPLES FL 33962

3. Date Incorporated or Qualified
12/30/1982

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAL, MICHAEL F
4532 EAST TAMINAMI TRAIL
NAPLES, FLORIDA
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME BURRELL, RICHARD H
STREET ADDRESS 168-7 PALM DRIVE
CITY-ST-ZIP NAPLES FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☒ DELETE

TD
NAME DOMBROWSKI, ROBERT
STREET ADDRESS 126-8 PALM DRIVE
CITY-ST-ZIP NAPLES FL

21 TITLE ☒ Change ☐ Addition

SD
22 NAME SAUBERT, JEANETTE
23 STREET ADDRESS 164-6 PALM DRIVE
24 CITY-ST-ZIP NAPLES, FL

TITLE ☐ DELETE

SD
NAME MANLOVE, LEROY
STREET ADDRESS 190-10 PALM DRIVE
CITY-ST-ZIP NAPLES FL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

VD
NAME HELTMAN, FRANK
STREET ADDRESS 180-3 PALM DR
CITY-ST-ZIP NAPLES FL

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE

D
NAME DEESON, ANNE
STREET ADDRESS 126-7 PALM DRIVE
CITY-ST-ZIP NAPLES FL

51 TITLE ☒ Change ☐ Addition

D
52 NAME FARQUHAR, JOAN
53 STREET ADDRESS 194-2 PALM DRIVE
54 CITY-ST-ZIP NAPLES, FL

TITLE ☐ DELETE

D
NAME MONETTA, THEODORE
STREET ADDRESS 174-2 PALM DR
CITY-ST-ZIP NAPLES FL

61 TITLE ☐ Change ☒ Addition

D
62 NAME WEEMS, MARGERET
63 STREET ADDRESS 1837 HARBOR LANE
64 CITY-ST-ZIP NAPLES, FL

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 119.07(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:

Richard H. Burrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD H. BURRELL

4-30-96 (941) 793-8510
Date Daytime Phone #

CR2E037 (12/95)