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Secretary of State

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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766367

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		12/30/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Addition if Fee Required	
23		26		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		30		34112	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	BURCHMELL, RICHARD H	1.2 NAME	Margaret Weems
STREET ADDRESS	168-7 PALM DRIVE	1.3 STREET ADDRESS	1837 HARBOR LANE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL 34104
TITLE	SD	2.1 TITLE	
NAME	SALBERT, JEANETTE	2.2 NAME	
STREET ADDRESS	164-8 PALM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	V
NAME	GIFFIN, NANCY	3.2 NAME	WILLIAM MACKENZIE
STREET ADDRESS	184-1 PALM DR	3.3 STREET ADDRESS	3066 W CROWN PT BLVD
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	NAPLES FL 34112
TITLE	TVD	4.1 TITLE	D
NAME	HELTMAN, FRANK	4.2 NAME	LINDA GREY
STREET ADDRESS	180-3 PALM DR	4.3 STREET ADDRESS	194-02 PALM DRIVE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES FL 34112
TITLE	D	5.1 TITLE	
NAME	JOAN BURCHMELL	5.2 NAME	
STREET ADDRESS	194-2 PALM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MONETTA, THEODORE	6.2 NAME	
STREET ADDRESS	174-2 PALM DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY M Weems

3-14-99

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