

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93592 025 ****61.25

DOCUMENT # NO1000004559

1. Entity Name

NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4901 INVERNESS CLUB DR.
 NAPLES FL 34113

4901 INVERNESS CLUB DR.
 NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

c/o Toll Brothers, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3103 Philmont Avenue

City & State

City & State

Huntingdon Valley, PA

Zip

Country

Zip

19006

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUXTON, BOLANOS PA
 12800 UNIVERSITY DR., STE. 340
 FT. MYERS FL 33907

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANDREWS, KEVIN	NAME	
STREET ADDRESS	4901 INVERNESS CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINERT, RALPH	NAME	
STREET ADDRESS	4901 INVERNESS CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYSER, RICHARD	NAME	
STREET ADDRESS	4901 INVERNESS CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: _____

Robert A. Key
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02

Date

(215) 938-8000

Daytime Phone #

CR2E037 (9/01)