


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004559

1. Entity Name
 NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394	Mailing Address C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394
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01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0633355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ
 1401 E. BROWARD BLVD. #200
 FORT LAUDERDALE, FL 33301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TURCHIN, LESLIE S %DBR ASSET MGMT, LLC, 1 FINANCIAL PL #2001 FT. LAUDERDALE, FL 33394
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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 filers empowered.

SIGNATURE: Leslie S. Turchin _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____