2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

02-21-2005 90075 015 ****61.25

DOCUMENT	# N0100004559
1. Entity Name	

NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.

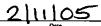


C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL. 33394			Mailing Address C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394				20013936					
2. Principal Place of Business 3. Ma		Mailing Address										
Suite, Apt. #, etc.		S	Suite, Apt. #. etc.				02102005 Chg-NP CR2E037 (10/03)					
City & State		_	City & State				4. FEI Number Applied For 02-0633355 Not Applicable					
Zip	Country	Zi		untry		5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD. #200 FORT LAUDERDALE, FL 33301					7. Name and Address of New Registered Agent Name							
					Street Address (P.O. Box Number is Not Acceptable)							
					City				FL	Zip Cod	е	
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												
	Signature, typed or printed name of registered agen	and title if ap	plicable. (NOTE	Registere	d Agent signatur	re required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.				11.		/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
ITILE NAME STREET ADDRESS CITY-ST-ZIP	%DBR ASSET MGMT, LLC, 1 FINANCIAL PL #2001				E LET ADDRESS '-ST-ZIP				[_] Change	☐ Addition	
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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 reserver or trustee empoweed 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 attachagent with an address, with all other like empowered.

SIGNATURE:

NATURE AND EVENED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #