


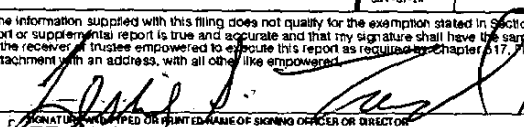
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004559			
1. Entity Name NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 4901 INVERNESS CLUB DR. NAPLES, FL 34113		Mailing Address C/O TOLL BROTHERS INC. 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006	
2. Principal Place of Business c/o DBR Asset Management LLC Suite, Apt. #, etc. 1 Financial Plaza, Ste 2001 City & State Ft. Lauderdale FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33394	Country USA	Zip	Country
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 TRUXTON, BOLANOS PA 12800 UNIVERSITY DR., STE. 340 FT. MYERS, FL. 33907		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when returning)</small>			
FILE NOW! FEE IS \$61.25 Initial of Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP STEUTERMAN, JAMES 3103 PHILMONT AVE HUNTINGDON VALLEY, PA 19006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leslie S. Turchin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P,S,T,D c/o DBR Asset Management, LLC Suite 2001 Ft. Lauderdale FL 33394 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REINERT, RALPH 4901 INVERNESS CLUB DR. NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEYSER, RICHARD 3103 PHILMONT AVE HUNTINGDON VALLEY, PA 19006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 5-9-03	

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CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)

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