

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09613** (3)

1. Corporation Name
NAPLES WINTERPARK I, INC.



Principal Place of Business: **3435 10TH ST N SUITE 201 NAPLES FL 33940**
Mailing Address: **3435 10TH ST N SUITE 201 NAPLES FL 33940**

3. Date Incorporated or Qualified: **06/04/1985**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2545591	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF BECKER & POLIAKOFF COLLIER PL 1 STE 100 3003 TAMiami TR N NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DR	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUSSO, VINCE		1.2 NAME				
STREET ADDRESS	3722 NORTHWINDS		1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VALENTINE, PAULINE		2.2 NAME				
STREET ADDRESS	3659 ARTIC CIR		2.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LABROAD, EDWARD		3.2 NAME				
STREET ADDRESS	3535 ANTARCTIC CIR		3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP				
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAWKINS, THERESE		4.2 NAME	GIORDANI, ARTHUR			
STREET ADDRESS	3528 ANTARCTIC CIR		4.3 STREET ADDRESS	3714 NORTHWINDS DRIVE			
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL 33940			
TITLE	DP	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COWAN, ANGIE		5.2 NAME				
STREET ADDRESS	3532 ANTARCTIC CIR		5.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: V. Russo Date: 4/19/96 Daytime Phone #: 941-434-7447

CR2E037 (12/95)