


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Applied For Not Applicable
4. FEI Number 59-2545591	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF
COLLIER PL 1 STE 100
3003 TAMiami TR N
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name **BECKER & POLIAKOFF**
82 Street Address (P.O. Box Number is Not Acceptable) **3003 TAMiami TRAIL N., STE. 210**
83
84 City **NAPLES** FL 85 Zip Code **34103**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSO, VINCE 3722 NORTHWINDS NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, PAULINE 3659 ARCTIC CIR NAPLES FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABROAD, EDWARD 3535 ANTARCTIC CIR NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAEHNER, HERMANN 3557 ANTARCTIC CR NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, ANGIE 3532 ANTARCTIC CIR NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD BLAIR, HOWARD 3514 ANTARCTIC CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	FVD SMITH, JAMES 3546 ANTARCTIC CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD LEONARD, DAVID 3762 NORTHWINDS DR. NAPLES FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD VALENTINE, PAULINE 3659 ARCTIC CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD NORMANDY, EDWARD 3520 ANTARCTIC CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *[Signature]* 4-10-98 (860) 677-2225
Date Daytime Phone #

CR2E037 (10/97)