


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90114 009 ****61.25

002754

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N09613

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
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/04/1985	4. FEI Number 59-2545591 Applied For Not Applicable	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
---	--	---	--	--	---

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, HOWARD	1.2 NAME	
STREET ADDRESS	3514 ANTARCTIC CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	
TITLE	FVD <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES	2.2 NAME	Smith, James E.
STREET ADDRESS	3546 ANTARCTIC CIR	2.3 STREET ADDRESS	3546 Antarctic Circle
CITY-ST-ZIP	NAPLES FL 34112	2.4 CITY-ST-ZIP	Naples, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, DAVID	3.2 NAME	
STREET ADDRESS	3762 NORTHWINDS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTINE, PAULINE	4.2 NAME	Giordani, Arthur
STREET ADDRESS	3659 ARCTIC CIR	4.3 STREET ADDRESS	3714 Northwinds Dr.
CITY-ST-ZIP	NAPLES FL 34112	4.4 CITY-ST-ZIP	Naples, FL
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMANDY, EDWARD	5.2 NAME	
STREET ADDRESS	3520 ANTARCTIC CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	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 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, with a letter like empowered.

SIGNATURE: Howard Blair **REQUIRED** 4-15-99 Date 941-774-9319 Daytime Phone #

CR2E037 (11/98)