NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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

DOCUMENT # N09613

1. Corporation Name

NAPLES WINTERPARK I, INC.

Principal Place of Business
3435 10TH ST N

2. Principal Place of Business

SUITE 201 NAPLES FL 33940

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Mailing Address

3435 10TH ST N SUITE 201 NAPLES FL 33940

2a. Mailing Address

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3. Date Incorporated or Qualifed

06/04/1985

4. FEI Number

BECKER AND POLIAKOFF 3003 TAMIAMI TR N STE 210 3003 TAMIAMI TR N APPLES FL 34 103 11. Pursuunt to the provisions of Sactions 617.0502 and 617.1508, Florida Statisties, the above-named corporation subm is this statement for the purpose of changing its registered agent, and architecture of the provisions of Sactions 617.0502 and 617.1508, Florida Statisties, the above-named corporation subm is this statement for the purpose of changing its registered agent. I am familiar with, and a zeep the obligations of, Section 617.0507, Florida Statisties, the above-named corporation subm is this statement for the purpose of changing its registered agent. I am familiar with, and a zeep the obligations of, Section 617.0507, Florida Statisties. SIGNATURE 11. Pursuunt to the provisions of Sactions 617.0502 and 617.1508, Florida Statisties, the above-named corporation board of sirectors. I hereby accept the appointment as registered agent. I am familiar with, and a zeep the obligations of, Section 617.0507, Florida Statisties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS NAPLES FL 34112 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS IN 12 12. TITLE 12. TITLE 12. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 12. OFFICER	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Applied For	
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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 it charged or one attachment with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICEF: OR DIRECTOR