

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Jul 13, 2000 8:00 am
Secretary of State

04-24-2000 90125 009 ****61.25

DOCUMENT # N09613

1. Entity Name

NAPLES WINTERPARK I, INC.

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|---|--|
| Principal Place of Business 3435 10TH ST N SUITE 201 NAPLES FL 33940 | Mailing Address 3435 10TH ST N SUITE 201 NAPLES FL 34103-3815 |
|---|--|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-2545591 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent BECKER AND POLIAKOFF 3003 TAMiami TR N STE 210 3003 TAMiami TR N NAPLES FL 34103 | | 7. Name and Address of New Registered Agent Name: Condominium Managers Inc. Street Address (P.O. Box Number is Not Acceptable): 745 12 th Avenue South, Suite G City: Naples FL Zip Code: 34102 | |
|--|--|--|--|

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.

SIGNATURE

[Handwritten Signature]

Signature, typed or printed, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

6.5.00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BLAIR, HOWARD 3514 ANTARCTIC CIR NAPLES FL 34112 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Eileen Blair 3514 Antarctic Circle Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SMITH, JAMES 3546 ANTARCTIC CIR NAPLES FL 34112 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Joseph Malio 3746 Northwinds Drive Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEONARD, DAVID 3762 NORTHWINDS DR NAPLES FL 34112 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Robert Hartnett 3528 Antarctic Circle Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GIORDANI, ARTHUR 3714 NORTHWINDS DR. NAPLES FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Nancy Archie-Meyer 3502 Antarctic Circle Naples, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NORMANDY, EDWARD 3520 ANTARCTIC CIR NAPLES FL 34112 <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 |

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen Blair

4/18/00 941-775-6249
 Date Daytime Phone #

CR2E037 (9/99)