

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90773 043 \*\*\*\*61.25

DOCUMENT # **109013**  
1. Entity Name  
**Naples Winterpark I, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
745 12<sup>th</sup> Avenue S.  
Suite AA  
City & State  
Zip Country

4. FEI Number  
**59-2545591**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Condominium Managers, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**745 12<sup>th</sup> Avenue S, Ste AA**  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FEE IS \$61.25  
Initial or Amended UBR

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			
TITLE	President - D	TITLE	
NAME	Eileen Blair	NAME	
STREET ADDRESS	3514 Antarctic Circle	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	CITY-ST-ZIP	
TITLE	Vice President - D	TITLE	
NAME	Kae Ann Brown	NAME	
STREET ADDRESS	3637 Arctic Circle	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	CITY-ST-ZIP	
TITLE	Treasurer - D	TITLE	
NAME	Robert Huetner	NAME	
STREET ADDRESS	5133 Grand Ave.	STREET ADDRESS	
CITY-ST-ZIP	Western Springs, IL 60558	CITY-ST-ZIP	
TITLE	Director - D	TITLE	
NAME	Nancy Meyer	NAME	
STREET ADDRESS	3502 Antarctic Circle	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	CITY-ST-ZIP	
TITLE	Secretary - D	TITLE	
NAME	Art Giordani	NAME	
STREET ADDRESS	351 Manet Ave.	STREET ADDRESS	
CITY-ST-ZIP	Quincy, MA 02169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen A. Blair, President 4/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

CR2E037B (12/01)