

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90133 010 ****61.25

0052629

DOCUMENT # N09613

1. Entity Name
NAPLES WINTERPARK I, INC.



Principal Place of Business: **3435 10TH ST N SUITE 201 NAPLES FL 33940**
Mailing Address: **745 12 AVE S. STE AA NAPLES FL 34102**

2. Principal Place of Business: **3501 Antarctic Circle**
3. Mailing Address: _____
Suite, Apt. #, etc.: _____

City & State: **Naples FL**
City & State: _____

Zip: **34112** Country: **USA**
Zip: _____ Country: _____

70030591



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2545591** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGERS INC.
745 12 AVE S. STE AA
NAPLES FL 34102**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida 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, EILEEN 3514 ANTARCTIC CIR NAPLES FL 34112 <input 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	DV MALIO, JOSEPH 3746 NORTHWINDS DRIVE NAPLES FL 34112 <input 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	TD HARTNETT, ROBERT 3528 ANARCTIC CIRCLE NAPLES FL 34112 <input 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	DS GIORDANI, ARTHUR 3714 NORTHWINDS DR. NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHIE-MEYER, NANCY 3502 ANTARCTIC CIRCLE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** **3/17/03 239 262 5051**

CR2E037 (10/02)