

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17242 (1)**

1. Corporation Name

NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4099 TAMiami TRAIL N. #305 NAPLES FL 33940 **4099 TAMiami TRAIL N. #305 NAPLES FL 33940**

3. Date Incorporated or Qualified **10/10/1986** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **59-2814817** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRONEN, JAMES R
4099 TAMiami TRAIL, N.
SUITE 305
NAPLES FL 33940

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 *James R. Hironen*

(NOTE: Registered Agent signature required when reinstating)

1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HIRONEN, JAMES R |
| STREET ADDRESS | 4099 TAMiami TRAIL N., #305 |
| CITY-ST-ZIP | NAPLES FL 33940 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | CHADWICK, ALAN |
| STREET ADDRESS | 6631 DUDLEY DR. |
| CITY-ST-ZIP | NAPLES FL 33999 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KARCHNER, MICHAEL |
| STREET ADDRESS | 5420 BAY CENTER DR., #202 |
| CITY-ST-ZIP | TAMPA FL 33609 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JAMES R. COLASINO |
| 1.3 STREET ADDRESS | 4099 TAMiami TRAIL N., Ste 305 |
| 1.4 CITY-ST-ZIP | NAPLES, FL 33940 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 700001747117 |
| 5.3 STREET ADDRESS | -03/18/96--01067--004 |
| 5.4 CITY-ST-ZIP | ***\$61.25 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James R. Hironen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 **813-262-3034**

Date Daytime Phone #

CR2E037 (12/95)