FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17242

(1)

NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address								- 1 (2011) 1 44 1141 170 1811 1814 1844 1845 1844 1845 1845 1845 1846				
Trinsiple Frage of Decirioss Intaining Address									** ***			
4099 TAMIAMI TRAIL N.#305 4099 TAMIAMI TRAIL N.#305												
NAPLES FL 33940 NAPLES FL 34103-3548												
								3. Date incorporated or Qualified 10/10/1986	3a. Da	ate of Last F 03/18/19		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		T A	pplied For		
21			26					59-2814817		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional		
22			27					G. Certificate of Statos Desired	<u></u>	Fee R	equired	
City & Stale			City & State				6. Election Campaign Financing		\$5.00	May 8e		
23		28				Trust Fund Contribution		Added	to Fees			
Ζιρ	Country			<u> </u>				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	[29]					Florida Statutes Yes No					
	9. Name and Add	ress of Current I	tegistered Agen	<u> </u>	T		10. Name and Address of New Re	gistered	Agent			
					81	Name	•					
HIIRONEN, JAMES R					82	Street	Addres	ss (P.O. Box Number is Not Acceptal	ole)			
4099 TAMIAMI TRAIL, N.									•			
SUITE 305					83							
NAPLES FL 33940					84	City				85 Zip	Code	
									FL	_ ' '		
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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.						eni signalui	re required	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC IN 10	
TITLE	D	OF ICENS AND		DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	JENS AINL	☐ Change	Addition	
	-	ure n		DECEM			ŀ			T CHAINGE		
NAME	COLOSIMO, JAI		one.		1.2 NAME							
STREET ADDRESS	4099 TAMIAMI TRAIL N., STE. 305				1.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 339	40		DELETE	1.4 CITY - 1	ST-ZIP	 	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 		TT 6	T 1 4 4 100	
TITLE	D	A(150)	Ц	DELETE	2.1 TITLE					Change	Addition	
NAME	KARCHNER, MICHAEL				2.2 NAME						-	
STREET ADDRESS					2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33609				2. 4 CITY-ST-ZIP							
TITLE	D		L	DELETE	3.1 TITLE		1		Sec. 1	L. Change	Addition	
NAME					3.2 NAME							
STREET ADDRESS	1000 II					3.3 STREET ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE				DELETE	4.1 TITLE					Change	Addition	
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREE	T ADDRESS	,					
CITY-ST-ZIP					4.4 CITY-:	ST-ZIP						
TITLE				DELETE	5.1 TITLE					Change	☐ Addition	
NAME					5.2 NAME							
STREET ADORESS					5.3 STREE	T ADDRESS	.					
CITY-ST-ZIP					5.4 CITY-:	ST - 71P	İ					
TITLE				DELETE	6.1 TITLE					Change	Addition	
NAME			_		6.2 NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP					6.4 CITY-							
14. I do hereb	ov certify that the infor	mation supplied v	vith this filing doe	s not qualify for	or the exe	emption	stated in	n Section 119.07(3)(i), Florida Statute	s. I furthe	er certify the	t the	
informatio	n indicated on this an	inual report or sur	oplemental annua	I report is true	and acc	urate an	id that m	ny signature shall have the same leg-	al effect a:	s if made ur	nder 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: LOUGE SULLINED 1/22/97 262-3034												
SIGNAT	URE:	june	TRI BUILL		HTE	i .}	,	1120/8/	<u> </u>	<u> 62-30</u>	34	