


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17242

1. Corporation Name
NAPLES PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 4099 TAMiami TRAIL N., #305 NAPLES FL 33940 34103	Mailing Address 4099 TAMiami TRAIL N., #305 NAPLES FL 33940 34103
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34103 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34103 Country 30	3. Date Incorporated or Qualified 10/10/1986	4. FEI Number 59-2814817	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HIIRONEN, JAMES R 4099 TAMiami TRAIL, N. SUITE 305 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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) DATE 1/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLOSIMO, JAMES R	1.2 NAME	
STREET ADDRESS	4099 TAMiami TRAIL N., STE. 305	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARCHNER, MICHAEL	2.2 NAME	
STREET ADDRESS	5420 BAY CENTER DR., #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIIRONEN, JAMES R	3.2 NAME	
STREET ADDRESS	4099 TAMiami TRAIL N., #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *James R. Hironen* DATE: 1/19/99 DAYTIME PHONE #: 841-262-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)