

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # **N18475** (6)

1. Corporation Name

EAGLEWOOD OF NAPLES, INC.



Principal Place of Business

**1044 CASTELLO DRIVE #206
NAPLES FL 33940**

Mailing Address

**1044 CASTELLO DRIVE #206
NAPLES FL 33940**

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2751214

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

**SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE #206
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANDRING, JACK	
STREET ADDRESS	809-B AUGUSTA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FACCIO, LILLIAN	
STREET ADDRESS	601-10 AUGUSTA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPINALE, JOSEPH	
STREET ADDRESS	705-5 AUGUSTA BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, HAROLD	
STREET ADDRESS	1044 CASTELLO DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUEDBECK, JOHN	
STREET ADDRESS	705 AUGUSTA BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TROY, CHESTER	
STREET ADDRESS	605-10 AUGUSTA BLVD	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Harold Eickmeyer	
13 STREET ADDRESS	605-3 Augusta Blvd.	
14 CITY-ST-ZIP	Naples, Florida	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Allan Broadhurst	
23 STREET ADDRESS	701-2 Augusta Blvd.	
24 CITY-ST-ZIP	Naples, Florida	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	John Meddick	
33 STREET ADDRESS	905-5 Augusta Blvd.	
34 CITY-ST-ZIP	Naples, Florida	
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Stanley A. King	
43 STREET ADDRESS	1044 Castello #206	
44 CITY-ST-ZIP	Naples, Florida	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/96 941-261-346

CR2E037 (12/95)

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D
Robert Eastman
601-5 Augusta Blvd.
Naples, Florida