## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

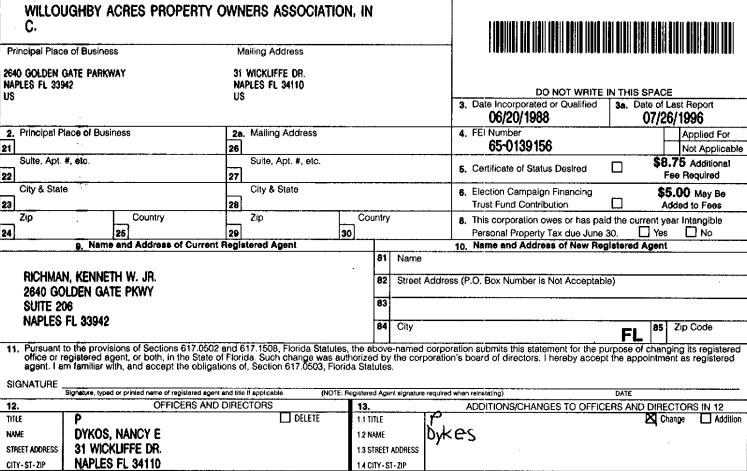
DOCUMENT #

1. Corporation Name

(5)

2640 GOLDEN GATE PARKWAY NAPLES FL 33942

## **FILED** Aug 05 1997 8:00am Secretary of State



DELETÉ Change Addition TITLE 2.1 TITLE NAME MINOR, KIM 22 NAME 119 ERIE ST. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change ■ Addition NAME WHITE, ED 3.2 NAME 101 EUCLID AVE. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change TITLE 4.1 TITLE Addition NAME DYKES, NANCY 4. 2 NAME 31 WICKLIFFE DR STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE SIRECI, JOSEPH FR NAME 5.2 NAME 127 WILLOUGHBY DR STREET ADDRESS 5.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME POINTER, JACK 6.2 NAME 105 ERIE STREET ADDRESS 6.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 6.4 CITY - ST-ZIP

I do 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.