

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90047 049 \*\*\*\*61.25

1/03/99

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29722**

1. Corporation Name  
**DRIFTWOOD OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business %NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQ NAPLES FL 34104 US	Mailing Address % NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQ NAPLES FL 34104 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 12/14/1988	4. FEI Number 65-0131751	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				10. Name and Address of New Registered Agent	
NEWELL, WILLIAM 4148A CORPORATE SQ NAPLES FL 34104				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGGINS, GRAHAM	1.2 NAME	
STREET ADDRESS	376 3RD ST S #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, WILLIE	2.2 NAME	
STREET ADDRESS	376 3RD ST S 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FLINN, ROBERT</del>	3.2 NAME	
STREET ADDRESS	<del>376 3RD ST S #201</del>	3.3 STREET ADDRESS	TD Alfieri, Joyce
CITY-ST-ZIP	<del>NAPLES FL 34102</del>	3.4 CITY-ST-ZIP	376 3rd St S #103 NAPLES FL 34102
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, HOMER	4.2 NAME	
STREET ADDRESS	376 3RD ST S #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	4.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BROWN, DOROTHY</del>	5.2 NAME	ED Brown, Dorothy
STREET ADDRESS	<del>376 3RD ST S #202</del>	5.3 STREET ADDRESS	376 3rd St S #202
CITY-ST-ZIP	<del>NAPLES FL 34102</del>	5.4 CITY-ST-ZIP	NAPLES FL 34102
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)