

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90293 037 \*\*\*\*61.25

**DOCUMENT # N29722**

1. Entity Name

**DRIFTWOOD OF OLDE NAPLES CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

**%NEWELL PROPERTY MANAGEMENT  
 4148A CORPORATE SQ  
 NAPLES FL 34104  
 US**

**% NEWELL PROPERTY MANAGMENT  
 4148A CORPORATE SQ  
 NAPLES FL 34104-4753  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0131751**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWELL, WILLIAM  
 4148A CORPORATE SQ  
 NAPLES FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **HOGGINS, GRAHAM**  
 STREET ADDRESS **376 3RD ST S #101**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **WEST, WILLIE**  
 STREET ADDRESS **376 3RD ST-S 204**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ALFIERI, JOYCE**  
 STREET ADDRESS **376 3RD ST S #103**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MCDANIEL, HOMER**  
 STREET ADDRESS **376 3RD ST S #104**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BROWN, DOROTHY**  
 STREET ADDRESS **376 3RD ST S #202**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*941-262-8997*  
*2/25/2000*  
 Date Daytime Phone #

CR2E037 (9/99)