

**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

DOCUMENT # **N37696 (4)**  
1. Corporation Name  
**DEAUVILLE OF NAPLES CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business: **C/O NEWELL PROPERTY MGMT. 4100 CORPORATE SQUARE #166 NAPLES FL 33942 US**  
Mailing Address: **C/O NEWELL PROPERTY MGMT. 4100 CORPORATE SQUARE #166 NAPLES FL 33942 US**

3. Date Incorporated or Qualified: **04/18/1990**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **% ROBERT HALL + ASSOC**  
2a. Mailing Address: **% ROBERT HALL + ASSOC**  
21. Suite, Apt. #, etc.: **SUITE 201**  
22. City & State: **NAPLES, FL**  
23. Zip: **33940** Country: **COLLIER**  
24. Zip: **33940** Country: **COLLIER**

4. FEI Number: **65-0188635**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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  
**FALK, STEVEN M  
C/O BECKER & POLIAKOFF, P.A.  
13515 BELL TOWER DR., #101  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent  
81. Name: **MR. HENRY P JOHNSON, Esq.**  
82. Street Address (P.O. Box Number is Not Acceptable): **6736 LONE OAK BLVD**  
83. City: **NAPLES** FL 85. Zip Code: **33940**

11. Pursuant to the provisions of Sections 617.0501 and 617.0503, 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]* DATE: **3/13/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRETT, RAY	
STREET ADDRESS	DEAUVILLE LAKE CIRCLE, #1201	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CICINELLI, VITO	
STREET ADDRESS	DEAUVILLE LAKE CIRLOE #E304	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PHYLLIS	
STREET ADDRESS	DEAUVILLE LAKE CIRLOE, #H205	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PHILBIN, HELEN	
STREET ADDRESS	5184 DEAVILLE LAKE CR #B301	
CITY-ST-ZIP	NAPLES FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	NEWELL, WILLIAM	
STREET ADDRESS	4100 CORPORATE SQUARE #166	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHANEY, GEORGE	
STREET ADDRESS	5776 DEAUVILLE LAKE CIRCLE #C106	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RIEGLE, BOB	
2.3 STREET ADDRESS	5754 DEAUVILLE LAKE CIR # 103	
2.4 CITY-ST-ZIP	NAPLES, FL 33962	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RULLI, DON	
3.3 STREET ADDRESS	5784 DEAUVILLE LAKE CIR # 202	
3.4 CITY-ST-ZIP	NAPLES, FL 33962	
4.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARR, JEAN	
5.3 STREET ADDRESS	5784 DEAUVILLE LAKE CIR # 105	
5.4 CITY-ST-ZIP	NAPLES, FL 33962	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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]* HELEN PHILBIN DATE: **941 775-3772**

CR2E037 (12/95)