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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37696 (4)
1. Corporation Name
DEAUVILLE OF NAPLES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business C/O ROBERT HALL & ASSOCIATES SUITE 201 NAPLES FL 33940 US	Mailing Address C/O NEWELL PROPERTY MGMT. 4100 CORPORATE SQUARE #166 NAPLES FL 34104-4713 US
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3. Date Incorporated or Qualified 04/18/1990	3a. Date of Last Report 03/21/1996
4. FEI Number 65-0188635	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1100 5TH AVE SO Suite, Apt. #, etc.	2a. Mailing Address 26 1100 5TH AVE SO Suite, Apt. #, etc.
22 City & State	27 SUITE 201
23 Zip 34102	28 NAPLES, FL
24 Country	29 34102
25	30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATTORNEY HENRY P. JOHNSON ESQ.
6736 LONE OAK BLVD
NAPLES FL 33940**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	34109

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	DV	<input type="checkbox"/> DELETE
NAME	BRETT, RAY	
STREET ADDRESS	DEAUVILLE LAKE CIRCLE, #1201	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RIEGLE, BOB	
STREET ADDRESS	5754 SEAUVILLE, LAKE CIRCLE #103	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RULLI, DON	
STREET ADDRESS	5784 DEAUVILLE LAKE CIRCLE #202	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PHILBIN, HELEN	
STREET ADDRESS	5184 DEAUVILLE LAKE CR #B301	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARR, JEAN	
STREET ADDRESS	5784 DEAUVILLE, LAKE CIRCLE #105	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH MEGHREBLIAN	
1.3 STREET ADDRESS	5716 DEAUVILLE LAKE CIR # 301	
1.4 CITY-ST-ZIP	NAPLES, FL 34112	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH DUNNE	
2.3 STREET ADDRESS	5741 DEAUVILLE LAKE CR # 301	
2.4 CITY-ST-ZIP	NAPLES, FL 34112	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

(941) 732-5192

CR2E037 (9/96)