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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N37696

1. Corporation Name

DEAUVILLE OF NAPLES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

1100 5TH AVE SO  
 SUITE 201  
 NAPLES FL 34102  
 US

Mailing Address

ROBER HALL & ASSOC  
 1100 5TH AVE SO #201  
 NAPLES FL 34102  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/18/1990

4. FEI Number  
 65-0188635

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HALL, ROBERT M.  
 1100 5TH AVE. SO  
 SUITE 201  
 NAPLES FL 34102

10. Name and Address of New Registered Agent

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

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	SD	<input type="checkbox"/> DELETE
NAME	MCSHERRY, ED	
STREET ADDRESS	5767 DEAUVILLE LAKE CIR #202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEGHRELIAN, JOSEPH	
STREET ADDRESS	5716 DEAUVILLE LAKE CIR, #301	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RULLI, DON	
STREET ADDRESS	5784 DEAUVILLE LAKE CIR #202	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILBIN, HELEN	
STREET ADDRESS	5184 DEAUVILLE LAKE CR #B301	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNNE, JOSEPH	
STREET ADDRESS	5741 DEAUVILLE LANE CIR, #301	
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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34112	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	34112	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	34112	
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RON FRANCIS	
6.3 STREET ADDRESS	5733 DEAUVILLE LAKE CIR # 308	
6.4 CITY-ST-ZIP	NAPLES, FL 34112	

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald J. Rulli* DONALD J. RULLI, TREASURER 2/21/99 (941) 732-5412

CR2E037 (1/198)