

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 031 ****61.25

DOCUMENT # N37696

1. Entity Name

DEAUVILLE OF NAPLES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

1100 5TH AVE SO
 SUITE 201
 NAPLES FL 34102
 US

ROBER HALL & ASSOC
 1100 5TH AVE SO #201
 NAPLES FL 34102-6407
 US

DUPLICATE



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

65-0188635

Applied For

Not Applicable

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

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

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 **VD** Delete
 NAME **MCSHERRY, ED**
 STREET ADDRESS **5767 DEAUVILLE LAKE CIR #202**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VD** Change Addition
 NAME **PAUL HOLLAND**
 STREET ADDRESS **5784 DEAUVILLE CIR # 203**
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **VD** Delete
 NAME **FRANCIS, RON**
 STREET ADDRESS **5733 DEAUVILLE LAKE CIR #308**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **RULLI, DON**
 STREET ADDRESS **5784 DEAUVILLE LAKE CIR #202**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PHILBIN, HELEN**
 STREET ADDRESS **5184 DEAUVILLE LAKE CR #B301**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** Change Addition
 NAME **STEVEN LUONGO**
 STREET ADDRESS **5754 DEAUVILLE CIR #101**
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **PD** Delete
 NAME **DUNNE, JOSEPH**
 STREET ADDRESS **5741 DEAUVILLE LANE CIR, #301**
 CITY-ST-ZIP **NAPLES FL 34112**

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, TREASURER 1/18/2000 (941) 732-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)