

DOCUMENT # N95000002489

1. Entity Name

THE LANDINGS OF NAPLES, INC.

FILED

01 FEB 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

302 2nd St.
NAPLES, FL

Mailing Address

A.S. DARR & ASSOC. INC.
2373 DAVIS BLVD.
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE 00-01

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.S. DARR & ASSOC. INC.
2373 DAVIS BLVD.
NAPLES, FL 34102

Name ROBERT T. MAYES
Street Address (P.O. Box Number is Not Acceptable)
314 SECOND ST. SOUTH
City NAPLES FL Zip Code 34102

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 Ann B. Stork, Secretary, Director
Robert T. Mayes

1-30-01
1/29/01
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MELCHER, FRED 304 SECOND ST. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORK, ANN 314 SECOND ST. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUSK, EVERETT 308 SECOND ST. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ann B. Stork, Director Secretary
Ann B. Stork

1-30-01 (941) 262-6090
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)