


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004455 (0)**

1. Corporation Name

**NAPLES ART ASSOCIATION, INC.**



Principal Place of Business <del>870 5TH AVENUE N</del> <b>643 5th Ave. So.</b> <del>NAPLES FL 34102</del> <b>34102</b>	Mailing Address <del>870 5TH AVENUE N</del> <b>643 5th Ave. So.</b> <del>NAPLES FL 34102-5817</del>
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3. Date Incorporated or Qualified <b>07/25/1995</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business <b>21</b> <b>NAPLES ART ASSOCIATION, INC.</b> <b>643 5TH AVE. SOUTH</b> <b>NAPLES, FL 34102</b> <b>(841) 262-6517</b>	2a. Mailing Address <b>26</b> <b>NAPLES ART ASSOCIATION, INC.</b> <b>643 5TH AVE. SOUTH</b> <b>NAPLES, FL 34102</b> <b>(841) 262-6517</b>	4. FEI Number <b>59-1022882</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALE, JAMES L**  
~~870 5TH AVENUE N~~ **643 5th Ave So.**  
~~NAPLES FL 34102~~

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, BETTE</b>	1.2 NAME	<b>Elaine Vreenegoor</b>
STREET ADDRESS	<b>6760 PELICAN BAY BLVD #334</b>	1.3 STREET ADDRESS	<b>3960 Lakemont Dr.</b>
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33923</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Allan Jackson</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VREENEGOR, ELAINE</b>	2.2 NAME	<b>242 Banyan Blvd.</b>
STREET ADDRESS	<b>3960 LAKEMONT DR</b>	2.3 STREET ADDRESS	<b>Naples, FL 34102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 33923</b>	2.4 CITY-ST-ZIP	<b>Vice President</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Jeannette Kessler</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARRICK, WM</b>	3.2 NAME	<b>415 10th Ave. South</b>
STREET ADDRESS	<b>4401 GULF SHORE BLVD #705</b>	3.3 STREET ADDRESS	<b>Naples, FL 34103</b>
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	3.4 CITY-ST-ZIP	<b>Vice President</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>CRAWFORD, MARILYN</b>	4.2 NAME	
STREET ADDRESS	<b>2325 HIDDEN LAKE DR #6</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>CROUCH, LORY</b>	5.2 NAME	
STREET ADDRESS	<b>3135 RIVIERA DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>HALE, JAMES L</b>	6.2 NAME	
STREET ADDRESS	<b>5796 WOODMERE LAKE CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	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 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, appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Naples Art Assoc. Inc.**  
**James L. Hale**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/97**  
Date

CR2E037 (9/96)