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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 036 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004455

1. Corporation Name

NAPLES ART ASSOCIATION, INC.

Principal Place of Business NAPLES ART ASSOCIATION, INC. 640 5TH AVE. S 585 Park St., NAPLES FL 34102 US	Mailing Address NAPLES ART ASSOCIATION, INC. 640 5TH AVE. S 585 Park St., NAPLES FL 34102 US
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2. Principal Place of Business 21 585 Park St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 585 Park St. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/25/1995
City & State 23 Naples, Fl.	City & State 28 Naples, Fl.	4. FEI Number 59-1022882 Applied For Not Applicable
Zip 24 34104 Country 25 Collier	Zip 29 34104 Country 30 Collier	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HALE, JAMES L
~~640 5TH AVE S~~ 585 Park St.
 NAPLES FL 34102

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE VREEHEGOOR	1.2 NAME	
STREET ADDRESS	3960 LAKEMONT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. William B. Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN JACKSON	2.2 NAME	530 5th Ave. South
STREET ADDRESS	242 BAYVIEW BLVD	2.3 STREET ADDRESS	Naples, Fl. 34102
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEUNETTE KESSLER	3.2 NAME	
STREET ADDRESS	415 10TH AVE S	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MARILYN	4.2 NAME	
STREET ADDRESS	2325 HIDDEN LAKE DR #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, LORY	5.2 NAME	
STREET ADDRESS	3135 RIVIERA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, JAMES L	6.2 NAME	
STREET ADDRESS	5796 WOODMERE LAKE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	6.4 CITY-ST-ZIP	

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. I changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

James L. Haler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 1999

941-262-6517

Date

Daytime Phone #

CR2E037-(11/98)