## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 18 1998 8:00am

Secretary of State

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # N9700004260 (2)

### BOYNE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

55111	•		•••						
Principal Place	e of Business	Mailing Address				T INDUITAN DID EBINI NOBIL DENI BANIL BANIL BANIL BANIL BIRKO JIDER BANIL DAFA MERK			
18100 ROYAL T NAPLES FL 341	ree Parkway 14	18100 ROYAL TREE PARKWAY NAPLES FL 34114				3. Date Incorporated or Qualified 07/25/1997 4. FEI Number Applied For			
2. Principal Pl	2a. Mailing Address				5935 4643   Not Applicable				
21		26				5. Certificate of Status Desired See Required Fee Required			
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be			
22 City & State	<del></del>	City & State	<del></del>			Trust Fund Contribution  Added to Fees  7. Is this nonprofit corporation a homeowners association?			
23		28				7. Is this nonprofit corporation a noneowners association?			
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Curren	29 29 Agent	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
				B1	Name	To. Tombo and Adaption of Hospital Section			
PIRES, A	WITHONY P JR			62	Street A	Idress (P.O. Box Number is Not Acceptable)			
801 LAUREL OAK DR, SUITE 640									
NAPLES	FL 34108			83					
	•			84	City	FL 85 Zip Code			
11. Pursuant t office or re agent. I ar	to <b>the</b> provisions of Sections 617.050: ag <b>iste</b> red agent, or both, in the State in <b>fa</b> miliar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, the at authorized orida Stat	bove-i d by t utes.	named c he corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NO)	E: Registered	d Agent	sionalure re	guired when reinstating] DATE			
12.	OFFICERS AND		13.	o z gojii	Signature 10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE		1.1 70	TLE		☐ Change ☐ Addition			
NAME	PRANGE, AMY K		1.2 NA	AME					
STREET ADDRESS	232 MONTEREY DRIVE				DDRESS				
CITY-ST-ZIP TITLE	NAPLES FL 34119 8TD	DELETE	1.4 CI 2.1 TII	TY-ST-	ZIP	☐ Change ☐ Addition			
NAME	ERICKSON, WILLIAM C	tand Public	2.2 NAI						
STREET ADDRESS	<b>\$00</b> 5TH AVE S, SUITE 524		•	2.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CIT		- ZIP				
TITLE	D	☐ DELETE	3.1 111			Change Addition			
NAME	MACKARVICH, CHRISTA L 18100 ROYAL TREE PARKWA	.v	3.2 NA						
STREET ADDRESS	NAPLES FL 34114	lT	•		DDRESS				
CITY-ST-ZIP TITLE	TAN PPA UP AALIA	DELETE	3.4. U	ITY-ST- TLE	- FIL	☐ Change ☐ Addition			
NAME			4. 2 N			<u> </u>			
STREET ADDRESS			4.3 ST	REET AL	DDRESS				
CITY-ST-ZIP			4.4 CI	IY-ST-	ZIP				
TITLE		DELETE	5.1 T()			☐ Change ☐ Addition			
NAME			5.2 NA						
STREET ADDRESS				REET AT					
CITY-ST-ZIP TITLE		☐ DELETÉ	5.4 CI	TY-ST-	ZIP	Change Addition			
NAME			6.2 NA			C Ontaings C Madulloit			
STREET ADDRESS				REET AC	DDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP				
14. I hereby o	ertify that the information supplied wi	ith this filing does not qualify for	or the exe	oitqme	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 617, Florida Statutes; and that my name appears in			
officer or of Block 12 of	director of the corporation or the rege or Block 13 if charged, or on an atlac	iver or trustee empowered to chargit withvan andress.	execute t	nis re	port as r	equired by Chapter 617, Florida Statutes; and that my name appears in			

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#### Sandra S. Morthøm

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N97000004260 (2)

	SOUTH PROPERTY OW									
Principal Plac	e of Business	M.	Mailing Address						, 4,,,,, 40,,, 724,	
18100 ROYAL TREE PARKWAY NAPLES FL 34114			18100 ROYAL TREE PARKWAY NAPLES FL 34114				3. Date Incorporated or Qualified 07/25/1997	-		
							4. FEI Number 593514643		Applied For Not Applicable	
2. Principal P	lace of Business	<u>├</u>	2a. Mailing Address 26				5. Certificate of Status Desired	\$8.75	Additional	
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.				Election Campaign Financing		Required May Be	
22		27					Trust Fund Contribution		to Fees	
City & State	9	28	City & State				7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip	Country		Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Cur	29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	y, Name and Address of Cur	ieni negis	tered Agent		81	Name	10. Name and Address of New Registered	Agent		
PIRES	ANTHONY P JR						(D.O. Bou Muselson in Alat Assessable)			
	FREL OAK DR, SUITE 640				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
NAPLES	FL 34108		Ī				·			
	•				84	City	FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 617.0	502 and 6	17.1508, Florida Statu	utes, the a	bove	-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing	its registered	
agent la	m familiar with, and accept the ob	ligations of	i, Section 617.0503, F	lorida Sta	lutes	ine corporations.	orta board of directors. Frieldby accept the app	Official as	s registered	
SIGNATURE .	Signature, typed or printed name of registered	agent and title	Kannicable (NC	TF: Registere	d Ane	nt signature require	d when reinstaling) DATE			
12.	OFFICERS /			13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD		DELETE 1.1		1.1 TITLE			Change	☐ Addition	
NAME	PRANGE, AMY K		1.2 (		1.2 NAME					
STREET ADDRESS	_ <del>_</del>				1.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119 STD				1.4 CITY - ST - ZiP			Change	Addition	
TITLE NAME	ERICKSON, WILLIAM C				2.1 TITLE 2.2 NAME				☐ Vocilion	
STREET ADDRESS	PAGETAL INT A ALUTE PAGE		9		2.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34102	•		2.40						
TITLE	0		DELETE	3.1 TITU				Change	Addition	
NAME	MACKARVICH, CHRISTA L			3.2 N	AME					
STREET ADDRESS	18100 ROYAL TREE PARK	WAY				ADDRESS				
CITY-ST-ZIP	NAPLES FL 34114		DELETE	3.4. C	_	IT-ZIP		Change	Addition	
TITLE NAME			L3 beceive	4.1 Te 4. 2 N				C Cuarific	C3 Addition	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 C					i	
TITLE			DELETE	5.1 Ti				Change	☐ Addition	
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	REET	ADDRESS			i	
CITY-ST-ZIP				5.4 C		T-ZIP		T 4	The second	
TITLE			☐ DELETË	6.1 TI				☐ Change	Addition	
NAME CYCLEY ADODESIC				6.2 N		40000000				
STREET ADORESS				6.3 S		ADDRESS				
14. I hereby o	ertify that the information supplied	with this f	iling dogs not qualify				Section 119.07(3)(i), Florida Statutes. I further of	rtify that the	e information	
indicated officer or ( Block 12 (	on this annual report of supplieme director of the corporation or the ri or Block 13 if changed, or on an a	ntal annua agaivar or t trachment	I report is true and ac trustee empowered to with an audress.	ccurate and c execute i	d tha his r	at my signature report as requi	Section 119.07(3)(i), Florida Statutes. I further of eshall have the same legal effect as if made unifed by Chapter 617, Florida Statutes; and that it	der oath; thing name ar	nat I am an ppears in	