

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 10:13

DOCUMENT # P93000067656 (7)

1. Corporation Name

GREEN PROPERTY MANAGEMENT, INC.

Principal Place of Business

**272 AIRPORT ROAD S
NAPLES FL 33942
US**

Mailing Address

**273 AIRPORT ROAD S
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0440888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILSON, GARY K
4501 TAMAMI TR N
SUITE 400
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PT
NAME GREEN, MARILYN
STREET ADDRESS 2050 W CROWN PTE BLVD C113
CITY ST ZIP NAPLES FL**

**TITLE VP
NAME GREEN, JACK
STREET ADDRESS 2050 W CROWN PTE BLVD C113
CITY ST ZIP NAPLES FL**

**TITLE S
NAME BAYER, DEBRA
STREET ADDRESS 1448 DELBROOK
CITY ST ZIP MARCO ISLAND FL**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Marilyn Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95 **813-649-0520**
Date Telephone #