

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07075

(0)

1. Corporation Name

N.A. REALTY TRUST, INC.



Principal Place of Business

% WOODWARD & WOODWARD PA
801 LAUREL OAK DR STE 640
NAPLES FL 33963-2707

Mailing Address

% WOODWARD & WOODWARD PA
801 LAUREL OAK DR STE 640
NAPLES FL 33963-2707

3. Date Incorporated or Qualified
12/15/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0018627

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, MARK J.
LAUREL OAK DR STE 640
NAPLES FL 33963

81 Name

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

801 Laurel Oak Dr Ste 640

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 of Registered Agent or Officer or Director)

(Print Name of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS FERRAO, AUBREY
CITY- ST- ZIP 4001 TAMAMI TRAIL N., STE.350
NAPLES FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS WOODWARD, MARK J
CITY- ST- ZIP 801 LAUREL OAK DR #640
NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registered agent 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aubrey J. Ferrao 4/25/96 941-434-2030

CR2E034 (12/95)