512 FRANG NAPLES, FI	=						
FEI Number: 56-2395404			Certificate of Status Desired: No				
Name and A	ddress of Current Registered Agent:						
PENNER, MELANIE 1235 SUGARBERRY ST NAPLES, FL 34117 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE	: MELANIE PENNER			03/17/2020			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	VP	Title	TREASURER				
Name	BOWER, GREG	Name	WHITBECK, PEGGY				
Address	1785 DOVE TREE ST	Address	1450 KAPOK STREET				
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117				

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300008353

## Entity Name: FRANGIPANI AG COMMUNITY CIVIC ASSOCIATION, INC.

## **Current Principal Place of Business:**

512 FRANGIPANI AVE. NAPLES, FL 34117

## **Current Mailing Address:**

Officer/Director Detail :					
Title	VP	Title	TREASURER		
Name	BOWER, GREG	Name	WHITBECK, PEGGY		
Address	1785 DOVE TREE ST	Address	1450 KAPOK STREET		
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117		
Title	SECRETARY	Title	D		
Name	NANCE, GAYLE	Name	SMITH, RICHARD		
Address	210 FRANGIPANI AVE.	Address	380 FRANGIPANI AVE		
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117		
Title	PRESIDENT	Title	DIRECTOR		
Name	NANCE, TIMOTHY	Name	HACKNEY, SANDY		
Address	PO BOX 990129	Address	708 PIONEER TRAIL		
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34117		
Title	DIRECTOR	Title	DIRECTOR		
Name	MUDRAK, PHIL	Name	WHITBECK, OSSIE		
Address	1180 IVY WAY	Address	1450 KAPOK STREET		
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34117		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAYLE NANCE

SECRETARY

03/17/2020

Electronic Signature of Signing Officer/Director Detail

FILED Mar 17, 2020 **Secretary of State** 5646797796CC