

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008353

**Entity Name:** FRANGIPANI AG COMMUNITY CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**512 FRANGIPANI AVE.  
NAPLES, FL 34117**Current Mailing Address:**PO BOX 990129  
NAPLES, FL 34116 US**FEI Number: 56-2395404****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NANCE, GAYLE G  
210 FRANGIPANI AVE.  
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:** GAYLE G NANCE

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BOWER, GREG  
Address 1785 DOVE TREE ST  
City-State-Zip: NAPLES FL 34117

Title PRESIDENT  
Name WHITBECK, PEGGY  
Address 1450 KAPOK STREET  
City-State-Zip: NAPLES FL 34117

Title SECRETARY  
Name NANCE, GAYLE  
Address 210 FRANGIPANI AVE.  
City-State-Zip: NAPLES FL 34117

Title D  
Name SMITH, RICHARD  
Address 380 FRANGIPANI AVE  
City-State-Zip: NAPLES FL 34117

Title TREASURER  
Name NANCE, TIMOTHY  
Address PO BOX 990129  
City-State-Zip: NAPLES FL 34116

Title DIRECTOR  
Name HACKNEY, SANDY  
Address 708 PIONEER TRAIL  
City-State-Zip: NAPLES FL 34117

Title DIRECTOR  
Name MUDRAK, PHIL  
Address 1180 IVY WAY  
City-State-Zip: NAPLES FL 34117

Title DIRECTOR  
Name WHITBECK, OSSIE  
Address 1450 KAPOK STREET  
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 G NANCE**REGISTERED AGENT,  
SECRETARY**

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date