

2015 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

02/26/2015

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

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**SECRETARY/REGISTERE 02/26/2015**
D AGENT

Electronic Signature of Signing Officer/Director Detail

Date