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Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703767** (4)  
1. Corporation Name

**GREATER NAPLES CIVIC ASSOCIATION**

Principal Place of Business <b>378 GOODLETTE ROAD S NAPLES FL 34102 US</b>	Mailing Address <b>378 GOODLETTE RD SO NAPLES FL 34102 US</b>
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3. Date Incorporated or Qualified

**03/22/1962**

4. FEI Number

**59-1002722**

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, FRED  
378 GOODLETTE RD SOUTH  
NAPLES FL 34102**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RIDEOUTTE, JAMES</b>	
STREET ADDRESS	<b>1125 WILDWOOD LN</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOMES, FRANCIS J</b>	
STREET ADDRESS	<b>152 BEARS PAW TR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, TOM</b>	
STREET ADDRESS	<b>715 10TH ST SO</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUTINELLA, JOE</b>	
STREET ADDRESS	<b>1031 WILDWOOD LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYANT, PENNY</b>	
STREET ADDRESS	<b>3033 RIVERA DRIVE 103</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAWSON, JEAN</b>	
STREET ADDRESS	<b>1250 TAMiami TRAIL N 302</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VPD  
VASEY, JANET  
4398 LONGSHORE WAY  
NAPLES FL 34119**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Tom M Taylor** **7.3.98** **(941)262-2424**

CR2E037 (10/97)