

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90135 013 \*\*\*\*61.25

DOCUMENT # 703767

1. Corporation Name

GREATER NAPLES CIVIC ASSOCIATION

Principal Place of Business

378 GOODLETTE ROAD S  
NAPLES FL 34102  
US

Mailing Address

378 GOODLETTE RD SO  
NAPLES FL 34102  
US

3 2 9 3 9  
329319 - 90135 - 13



2. Principal Place of Business

21 328 GOODLETTE RD S.

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip Country

24 34102 25 USA

2a. Mailing Address

26 328 GOODLETTE RD S.

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 34102 30 USA

3. Date Incorporated or Qualified

03/22/1962

4. FEI Number

59-1002722

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

9. Name and Address of Current Registered Agent

ROGERS, FRED  
378 GOODLETTE RD SOUTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

ROGERS, FRED

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

328 GOODLETTE RD S.

83

84 City

NAPLES

FL

85 Zip Code

34102

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, of 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

F.C. ROGERS

F.C. ROGERS

4/8/99

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 PD ☒ DELETE

NAME RIDEOUTTE, JAMES  
STREET ADDRESS 1125 WILDWOOD LN  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME COOMES, FRANCIS J  
STREET ADDRESS 152 BEARS PAW TR  
CITY-ST-ZIP NAPLES FL

TITLE STD ☐ DELETE

NAME TAYLOR, TOM  
STREET ADDRESS 715 10TH ST SO  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME BRYANT, PENNY  
STREET ADDRESS 3033 RIVERA DRIVE 103  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☒ DELETE

NAME VASEY, JANET  
STREET ADDRESS 4398 LONGSHORE WAY  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME WATSON, GORDON  
1.3 STREET ADDRESS 2901 GULF SHORE BLVD. N. # 802  
1.4 CITY-ST-ZIP NAPLES FL 34103

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 VPD ☐ Change ☒ Addition

4.2 NAME PUTZELL, EDWIN  
4.3 STREET ADDRESS 1285 GULF SHORE BLVD N.  
4.4 CITY-ST-ZIP NAPLES FL 34102

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME RIDEOUTTE, JAMES  
5.3 STREET ADDRESS 1125 WILDWOOD LN  
5.4 CITY-ST-ZIP NAPLES FL 34105

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON R. WATSON 4/8/99 (941) 434-5523

Date

Daytime Phone #

CR2E037 (1/198)

0063150