FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724457** **(7)**

1. Corporation Name
NAVAJO CIRCLE, INC.

Principal Place of Business	Mailing Address
GULLWING CONDOMINIUM 1916 SE 43RD ST CAPE CORAL FL 33904-5444	GULLWING CONDOMINIUM 1916 SE 43RD ST CAPE CORAL FL 33904-5444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1972**
3a. Date of Last Report: **07/20/1994**
4. FEI Number: **59-1544955** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SUMMERS, AL J
1920 SE 43RD ST, SUITE 114
APT. #114
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition PRES "D"
NAME	LEMAIRE, LOUIS	1.2 NAME	MICHEL, ERWIN
STREET ADDRESS	1906 SE 43RD STREET, SUITE 206	1.3 STREET ADDRESS	1920 SE 43RD ST SUITE 213
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	VP	2.1 TITLE	☐ Change ☒ Addition VP "D"
NAME	WASSMAN, FLOYD	2.2 NAME	MORE, EDWARD
STREET ADDRESS	1912 SE 43RD STREET, SUITE 210	2.3 STREET ADDRESS	1912 SE 43RD ST SUITE 110
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP	3.1 TITLE	☐ Change ☒ Addition VP "D"
NAME	MICHEL, ERWIN	3.2 NAME	OSMAN, Bob JR
STREET ADDRESS	1920 SE 43RD STREET, SUITE 213	3.3 STREET ADDRESS	1912 SE 43RD ST SUITE 111
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S	4.1 TITLE	☐ Change ☐ Addition SEC. "D"
NAME	SUMMERS, AL J.	4.2 NAME	SUMMERS AL J.
STREET ADDRESS	1920 SE 43RD STREET, SUITE 114	4.3 STREET ADDRESS	1920 SE 43RD ST #114
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	T	5.1 TITLE	☐ Change ☐ Addition TREAS. "D"
NAME	LYNCH, MURIEL C.	5.2 NAME	LYNCH, MURIEL C.
STREET ADDRESS	1932 SE 43RD STREET, SUITE 226	5.3 STREET ADDRESS	1932 SE 43RD ST. # 226
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Erwin M Michel ERWIN MICHEL 3/14/95 813 549 9802
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019019