

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:43

DOCUMENT # 726440 (1)

1. Corporation Name

BISCAYNE APARTMENTS OF NAPLES, INC.

Principal Place of Business

Mailing Address

4900 BISCAYNE DRIVE
NAPLES FL 33962

4900 BISCAYNE DRIVE
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1973
3a. Date of Last Report 04/28/1994

4. FEI Number 59-1578687
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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUFF, MARY JANE
4900 BISCAYNE DRIVE #20
NAPLES FL 33962

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

Mary Jane Huff

Signature, typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent fee is required when restate.)

4-6-1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCLARTY, KATHY
STREET ADDRESS	4900 BISCAYNE DR #8
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	MOORE, PENELOPE
STREET ADDRESS	4900 BISCAYNE DR #11
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	HAWKINS, LUCILE
STREET ADDRESS	4900 BISCAYNE DR #12
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	MENDES, GILBERT
STREET ADDRESS	3000 70 ST SW
CITY - ST - ZIP	NAPLES FL
TITLE	STD
NAME	EVANS, JANICE
STREET ADDRESS	4900 BISCAYNE DR #6
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John Gaskill	
13 STREET ADDRESS	4900 Biscayne Dr. #19	
14 CITY - ST - ZIP	Naples, FL 33962	
21 TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jacqueline Raymond	
23 STREET ADDRESS	4900 Biscayne Dr. #22	
24 CITY - ST - ZIP	Naples, FL 33962	
31 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lucile Hawkins	
33 STREET ADDRESS	4900 Biscayne Dr. #12	
34 CITY - ST - ZIP	Naples, FL 33962	
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	William McGonagle	
43 STREET ADDRESS	4900 Biscayne Dr. #7	
44 CITY - ST - ZIP	Naples, FL 33962	
51 TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Janice Evans	
53 STREET ADDRESS	133 Blue Ridge Dr.	
54 CITY - ST - ZIP	Naples, FL 33962	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(k), 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: John J. Gaskill John Gaskill

4-6-1995 813-732-6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR