

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90031 048 ****61.25

DOCUMENT # 726440

1. Corporation Name

BISCAYNE APARTMENTS OF NAPLES, INC.

Principal Place of Business

Mailing Address

4900 BISCAYNE DRIVE
NAPLES FL 33962
34112

4900 BISCAYNE DRIVE
NAPLES FL 33962
34112



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/18/1973

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-1578687

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. 34112

25. Country

29. 34112

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENE CHURCHILL
4900 BISCAYNE DR. #17
NAPLES FL 33962

81. Name

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

83.

84. City

85. Zip Code

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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

Dorothy M. Gaskill

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GASKILL, JOHN	
STREET ADDRESS	4900 BISCAYNE DR. #19	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAYMOND, JACQUELINE	
STREET ADDRESS	4900 BISCAYNE DR. #22	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, LUCILE	
STREET ADDRESS	4900 BISCAYNE DR #12	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCGONAGLE, WILLIAM	
STREET ADDRESS	4900 BISCAYNE DR. #7	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUGAN, DEANNA	
STREET ADDRESS	4900 BISCAYNE DR #6	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEN, JACQUELINE
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

John Gaskill 2-5-99 941-735-6351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)