

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 040 ****61.25




DOCUMENT # 726440
 1. Entity Name
BISCAYNE APARTMENTS OF NAPLES, INC.

Principal Place of Business Mailing Address
 4900 BISCAYNE DRIVE 4900 BISCAYNE DRIVE
 NAPLES FL 34112 NAPLES FL 34112

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


 1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
59-1578687 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCGONAGLE, WILLIAM
4900 BISCAYNE DRIVE
#7
NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE William J. McGonagle William J. McGonagle 4-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGONAGLE, WILLIAM	
STREET ADDRESS	4900 BISCAYNE DR. #7	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHIDDEN, BETTY P	
STREET ADDRESS	4900 BISCAYNE DR #1	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KRAUSE, MARTHA	
STREET ADDRESS	4900 BISCAYNE DR #3	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN McMullin	
STREET ADDRESS	4900 BISCAYNE DR #16	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen DeFRANCESCO	
STREET ADDRESS	4900 BISCAYNE DR. #2	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE MURRAY	
STREET ADDRESS	4900 BISCAYNE DR. #6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. McGonagle William J. McGonagle 4-4-05 Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone