

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) F

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-07-2006 90040 032 ****61.25

DOCUMENT # 726440

1. Entity Name

BISCAYNE APARTMENTS OF NAPLES, INC.



Principal Place of Business

4900 BISCAYNE DRIVE
NAPLES FL 34112

Mailing Address

4900 BISCAYNE DRIVE
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

4. FEI Number

59-1578687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	MCMULLIN, BRYAN	
STREET ADDRESS	4900 BISCAYNE DR #16	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFRANCESCO, HELEN	
STREET ADDRESS	4900 BISCAYNE DR #2	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, ROSE	
STREET ADDRESS	4900 BISCAYNE DR #6	
CITY- ST- ZIP	NAPLES FL 34112	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeFRANCESCO Helen	
STREET ADDRESS	4900 BISCAYNE DR #2	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY Rose	
STREET ADDRESS	111 WARWICK HILLS DR.	
CITY- ST- ZIP	NAPLES, FL 34113	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL LEE	
STREET ADDRESS	4900 BISCAYNE DR #8	
CITY- ST- ZIP	NAPLES, FL 34112	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 April 18, 2006 (239) 732-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #