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 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732360 (3)

1. Corporation Name
NAPLES TIERRA DEL SOL, INC.

Principal Place of Business	Mailing Address
C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES FL 33940	C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2004987 ☐ 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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

~~FALK, STEVE A~~
~~COLLIER PLACE ONE - SUITE 100~~
~~3003 TAMIAMI TR N~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81 Name: ADAMS, JOE
82 Street Address (P.O. Box Number is Not Acceptable): COLLIER PLACE ONE SUITE 100
83: 3003 TAMIAMI TRAIL NORTH
84 City: NAPLES FL 85 Zip Code: 33940

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: Joseph E Adams — JOSEPH E. ADAMS — 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PINX, BARBRA	1.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-18	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	
TITLE	DAT	2.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, MANUEL	2.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-14	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAPPEZZONE, BETTY	3.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD, #C13	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SM	4.1 TITLE	☐ Change ☐ Addition
NAME	DUBE, NORMAND	4.2 NAME	
STREET ADDRESS	3435 10TH STREET NORTH SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CHARLES	5.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-13	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, DONALD	6.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK ROAD #A-1	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: Norman L Dube — 4/13/95 — 813-454-7447
SIGNATURE AND TYPED OR PRINTED NAME OF D[illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

0618317