FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 732360

1. Corporation Name

(3)

NAPLES TIERRA DEL SOL, INC.

| | ATED PROPERTY MANAGEMENT, INC. TREET NORTH, SUITE 201 | Mailing Address C/O INTEGRATED PR 3435 10TH STREET N NAPLES FL 33940 | | | | | | |
|---|--|---|---|-----------------------------|--|--|---------------------------------------|---------|
| | | | | | 3. Date Incorporated or Qualified 03/31/1975 | | f Last Report /21/1995 | |
| Principal Place of Business | | 2a. Mailing Address 26 | | | 4. FEI Number 59-2004987 | Applied For Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Cour | ntry | 8. This corporation has liability for | | der s. 199.032, | |
| 24 | 25 | 29 | 30 | | Florida Statutes | ☐ Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address of New | Registered Age | nt | |
| | | | ļ | 81 Name | | | | |
| ADAMS, JOE COLLIER PLACE ONE SUITE 100 | | | | | Address (P.O. Box Number is Not Accepta | ble) | | |
| 3003 TAI | MIAMI TRAIL NORTH | | - | 83 | | | | |
| NAPLES | FL 33940 | | ŀ | 84 City | - Marie - Mari | 8 | 5 Zip Code | |
| | | | | | | FL ° | 7 | |
| SIGNATURE - 5 | Signature, typed or printed name of registered agent a OFFICERS AND PD | | OTE: Registered . | | equired when reinstating) ADDITIONS/CHANGES TO OF | DATE FICERS AND DIF | | on |
| NAME | PINX, BARBRA | | | ur | DINY DINDERPA | _ | • 🗀 | |
| STREET ADDRESS | 5563 RATTLESNAKE HAMMOO | CK RD. #C-18 | 1.3 ST | REET ADORESS | 5563 RAMESVAKE HA | WWOCK # | CAR | |
| CITY-ST-ZIP | NAPLES FL 33962 | _ | 1.4 CIT | Y-ST-ZIP | NAPLES, FL 33962 | | | |
| TITLE | BAT | DELETE | 21 TIT | LE | VICE PRESIDENT/DIRE | CIDE DO | nange 🖪 Additio | on |
| NAME | SILVA; MANUEL | | 2.2 NA | ME | HURST, BETTY | | | |
| STREET ADDRESS | 5 562 RATTLESNAKE HAMMO(| Ж-RD:-#G -14 | 23 ST | REET ADDRESS | 5563 RATILE SNAKE IN | MMOCK R | D CIZ | |
| CITY-ST-ZIP | NAPLES FL: | | 2 4 CJ | TY-ST-ZIP | NAPLES, FL 33962 | | | |
| TITLE | Ð | [DELETE | 3.1 TIT | LE | SPCRETORY/TREASURE | Z/DIREDA | a R Additio | on |
| NAME | CAPPEZZONE, BETTY | | 3 2 NÁ | ME | 了。CALLETTER 17世末年7017年 | | | |
| STREET ADDRESS | 9563 RATTLESNAKE HAMMOO | CK RD, #C 13 | 3 3 STH | REET ADDRESS | 5563 RAMESNAKE H | AMMOCK | RD AZ | |
| CITY-ST-ZIP | NAPLES FL | · | | TY-ST-ZIP | NAPLES, FL 33962 | | | |
| TITLE | SM· | L OELETE | 4.1 TIT | | - | □ c | nange 🔲 Additio | on |
| NAME | DUBE, NORMAND | | 4. 2 NA | | | | | |
| STREET ADDRESS | 3485-10TH STREET NORTH S | UNE 2 01 | | REET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL 83962 | DELETE | - | Y-ST-ZIP | | | | |
| TITLE | WALKED OF EC | [NELETE | 5 1 TIT | | · | C | nange [] Additio | эn |
| NAME CIRCET ADDRESS | WALKER, CHARLES 5563 RATTLESNAKE HAMMOR | <u> </u> | 5 2 NA | | | | | |
| STREET ADDRESS | NAPLES FL-33962* | M (10. ₹0°13 | | REET ADDRESS | | | | |
| CITY - ST - ZIP TITLE | TB | € 5€LETE | 5.4 C() 6.1 T(†) | Y-ST-ZIP | | | nange [] Additio | 00 |
| NAME | WALKER, DONALD | - VILLE | 6.1 NA | | | 0 | | |
| | 5569 PATTLESNAKE HAMMO | W DOAD #4.4 | | ME REET ADDRESS | | | | |
| STREET ADDRESS | NAPLES FL- | UN ITONO TONO | | | | | | |
| CITY-ST-ZIP | a portification information accordingly | ith this filing is voluntarily fun | nichod and a | Y-ST-ZIP does not qua | lify for the exemption stated in Section 119 |).07(3)(k). Florida | Statutes. I further | |
| certify that oath; that I appears in | the information indicated on this annual am an officer or diveotor of the corpora Block 12 or Block 12 if changed, or or | al report or supplemental ann ation or the receiver or truste an attachment with an add | nual report is se empowere fress. | true and ac ed to execut | curate and that my signature shall have the e this report as required by Chapter 617, F | same legal effections same legal effections same legal effections same legal effectives; a | it as if made unde nd that my name | er ; |

PED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR