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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749650

1. Corporation Name

NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.

Principal Place of Business

355 GOODLETTE RD N
C/O NAPLES CITY POLICE
NAPLES FL 33940-5837
US

Mailing Address

355 GOODLETTE RD N
C/O NAPLES CITY POLICE
NAPLES FL 33940-5837
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/05/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1954122	
Country US		Country US		Applied For	
24 34102		29 34102		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SPRIGGS, JOHN C. 6538 ILEX CIRCLE NAPLES FL 34109				8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing	
81 Name				Trust Fund Contribution	
82 Street Address (P.O. Box Number is Not Acceptable)				5.00 May Be Added to Fees	
83					
84 City				85 Zip Code	
Naples				FL 34110	

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

Earle Sweikert

1-14-99

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	P/D	1.1 TITLE	P/D
NAME	SPRIGGS, JOHN C.	1.2 NAME	Sweikert, Earle R JR.
STREET ADDRESS	6538 ILEX CIRCLE	1.3 STREET ADDRESS	2116 Imperial Circle
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	VP/D	2.1 TITLE	
NAME	PICKETT, JACK W.	2.2 NAME	
STREET ADDRESS	500 17TH AVE. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	34102
TITLE	T/D	3.1 TITLE	T/D
NAME	LEIGH, ANTHONY M.	3.2 NAME	Leigh, Anthony M.
STREET ADDRESS	640 KETCH DR.	3.3 STREET ADDRESS	111 Wilderness Dr. #319
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 34105
TITLE	SD	4.1 TITLE	S/D
NAME	LEIGH, ELLIE	4.2 NAME	Leigh, Ellie
STREET ADDRESS	640 KETCH DR.	4.3 STREET ADDRESS	111 Wilderness Dr. #319
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples FL 34105
TITLE	VP	5.1 TITLE	
NAME	SWEIKERT, EARLE R., JR.	5.2 NAME	
STREET ADDRESS	2116 IMPERIAL CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	NEWMAN, ALAN R	6.2 NAME	
STREET ADDRESS	639 94TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	6.4 CITY-ST-ZIP	34108

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:

Anthony M. Leigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 941-262-4144

Date

Daytime Phone #

CR2E037 (11/98)