2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State
02-25-2004 90013 020 ****61.25

66406398

MOORE CR2E037 (11/03)

DOCUMENT # 753470

1. Entity Name

MAY-LEE APARTMENTS OF NAPLES, INC.

Principal Place of Business	Mailing Address
1491 CHESAPEAKE AVE NAPLES FL 34102 US	C/O J.P. MCDOWELL 1491 CHESAPEAKE AVE APT C NAPLES FL 34102 US

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 26-1362473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDOWELL, JACK P
1491 CHESAPEAKE
APT C
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: LYNCH, JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 1491 CHESAPEAKE AVE APT D

City: NAPLES FLA. 34102 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: Joseph Lynch DATE: 3/11/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANNON, WILLIAM 1491 CHESAPEAKE AVE APT. B NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. TREAS, DIR CANNON, WILLIAM 1491 CHESAPEAKE AVE. APT B NAPLES FL. 34102	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOERNER, HERRMANN 1491 CHESAPEAKE AVE APT A NAPLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LYNCH, JOSEPH 1491 CHESAPEAKE AVE APT D NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIR. LYNCH, JOSEPH 1491 CHESAPEAKE AVE APT D NAPLES FLA 34102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCDOWELL, JACK P 1491 CHESAPEAKE AVE APT C NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES. DIR MCDOWELL, JACK P 1491 CHESAPEAKE AVE APT C NAPLES FLA. 34102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph Lynch JOSEPH LYNCH 3/11/04 239-793-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #