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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:42

DOCUMENT # 768306 (3)

1. Corporation Name
NAPLES ESTATES VILLAGERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
370 JEWELWOOD LANE NAPLES FL 33962 US	370 JEWELWOOD LANE NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1983
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-2792931 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 386 Jewelwood Ln
22: Suite, Apt. #, etc.
23: Naples Fla
24: 33962 Country: 25: Collier

2a. Mailing Address
26: 386 Jewelwood Ln
27: Suite, Apt. #, etc.
28: Naples Fla
29: 33962 Country: 30: Collier

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

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
250 NORTH ORANGE AVE. STE. 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: William R. Korp
82 Street Address (P.O. Box Number is Not Acceptable): 333 S Tamiami Trail #199
83:
84 City: Venice FL 85 Zip Code: 34285

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: William R. Korp — WILLIAM R. KORP (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) — DATE: 3-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	THIM, JAMES	1.2 NAME	Ralph Maynard	
STREET ADDRESS	370 JEWELWOOD LANE	1.3 STREET ADDRESS	386 Jewelwood Ln	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	Naples Fla 33962	
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BURKE, ROMAINE	2.2 NAME	Jack Wyatt	
STREET ADDRESS	196 ELMWOOD LANE	2.3 STREET ADDRESS	445 Laurelwood Lane	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples Fla 33962	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MAYNARD, RALPH	3.2 NAME	Romaine Burke	
STREET ADDRESS	12 APPLETREE LANE	3.3 STREET ADDRESS	196 Elmwood Lane	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples Fla 33962	
TITLE	VD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WYATT, JACK	4.2 NAME	Barbara Brown	
STREET ADDRESS	445 LAURELWOOD	4.3 STREET ADDRESS	345 Ivywood Lane	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples Fla 33962	
TITLE	SD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	BROWN, BARBARA	5.2 NAME	Lila Ann Robinette	
STREET ADDRESS	345 IVYWOOD	5.3 STREET ADDRESS	244 Elmwood Lane	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples Fla 33962	
TITLE	~~PD~~	6.1 TITLE		☐ Change ☐ Addition
NAME	SLOOP, JOHN	6.2 NAME		
STREET ADDRESS	13 APPLETREE LN	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 addition.

SIGNATURE: Lila Ann Robinette — 3-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0001647