

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 29-96 B-952 C

DOCUMENT # 768306 (3)

1. Corporation Name

NAPLES ESTATES VILLAGERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

386 JEWELWOOD LANE
NAPLES FL 33962
US

386 JEWELWOOD LANE
NAPLES FL 33962
US

3. Date Incorporated or Qualified
05/05/1983

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 445 Laurelwood Ln
Suite, Apt. #, etc.

26 445 Laurelwood Ln
Suite, Apt. #, etc.

22 City & State
Naples, Fla

27 City & State
Naples Fla

23 Zip Country
33962 Collier

28 Zip Country
33962 Collier

4. FEI Number
59-2792931

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R
333 S TAMIAI TRAIL
SUITE 199
VENICE FL 34285

81 Name
Lee Jay Collier
82 Street Address (P.O. Box Number is Not Acceptable)
First Union Bldg
83 20 N Orange Ave # 700
84 City
Orlando FL 85 Zip Code
32801

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

Lee Jay Collier

1-30-96

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MAYNARD, RALPH	386 JEWELWOOD LANE NAPLES FL	
VD	WYATT, JACK	445 LAUREWOOD LANE NAPLES FL	
VD	BURKE, ROMINE	196 ELMWOOD LANE NAPLES FL	
SD	BROWN, BARBARA	345 IVYWOOD LANE NAPLES FL	
TD	ROBINETTE ROBINETTE, LILA A	244 GLENWOOD LANE NAPLES FL	

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	Jack N. Wyatt	445 Laurelwood Ln Naples Fla 33962	
VD	Romaine Burke	196 Elmwood Ln Naples Fla 33962	
VD	Barbara Brown	345 Ivywood Ln Naples Fla 33962	
SD	Mary Waldon	225 Popwood Ln Naples Fla 33962	
TD	Lila Ann Robinette	244 Glenwood Ln Naples Fla 33962	

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)(k), 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: Lila Ann Robinette, Treas 1-30-96 941-775-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)