

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G43761** (7)

1. Corporation Name

COURTLAND PLAZA OF NAPLES, INC.



Principal Place of Business

**2500 AIRPORT ROAD
NAPLES FL 33962**

Mailing Address

**2500 AIRPORT ROAD
NAPLES FL 33962**

3. Date Incorporated or Qualified
06/14/1983

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

4. FEI Number
59-2386608

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

**STONE, WILLIAM B.
2358 PINWOOD CIRCLE
NAPLES FL 33942**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

A person who is not a natural person shall not sign this report.

Do not sign this report until you have read the instructions.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
NAME	STONE, WILLIAM B	
STREET ADDRESS	2358 PINWOODS CIRCLE	
CITY-STATE-ZIP	NAPLES, FL 00000	
1. TITLE	SD	☐ DELETE
NAME	MOORMAN, MARDI S.	
STREET ADDRESS	1205 WHIPPOORWILL LANE	
CITY-STATE-ZIP	NAPLES, FL 00000	
1. TITLE	VDP	☐ DELETE
NAME	LEVINE, ALBERT	
STREET ADDRESS	6745 VERSAILLES CT	
CITY-STATE-ZIP	LK WORTH, FL 00000	
1. TITLE	TD	☐ DELETE
NAME	ZIPRIS, MICHAEL	
STREET ADDRESS	483-A FAIRTON DRIVE	
CITY-STATE-ZIP	CRANBURY, NJ 0	
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William B. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

02/01/96 9417745572
DATE AND FEI NUMBER

CR2E034 (12/95)