

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 041 ***150.00

DOCUMENT # **H91721**

1. Corporation Name

NAPLES CAY PROPERTIES, INC.

Principal Place of Business

**800 LAUREL OAK DRIVE
#204
NAPLES FL 33963**

Mailing Address

**800 LAUREL OAK DRIVE
#204
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1985

4. FEI Number

59-2660499

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **10 SEAGATE**

23 City & State

27 Suite, Apt. #, etc.

28 **NAPLES FLA**

24 Zip Country

29 Zip Country

25

30 **34103**

9. Name and Address of Current Registered Agent

**COLLINS, KYLE W.
800 LAUREL OAK DRIVE
#204
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name **KYLE W. COLLINS**

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

10 SEAGATE DR -S-N

83

84 City **NAPLES**

FL

85 Zip Code
34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST COLLINS, KYLE W.**
STREET ADDRESS **800 LAUREL OAK DRIVE, SUITE 204**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE ☐ DELETE
NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)