

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90137 041 \*\*\*158.75

0397091

**DOCUMENT # K07075**

1. Entity Name  
**N.A. REALTY TRUST, INC.**

Principal Place of Business  
**C/OWOODWARD. PIRES & LOMBARDO PA**  
**801 LAUREL OAK DR STE 710**  
**NAPLES FL 34108**  
**US**

Mailing Address  
**C/OWOODWARD. PIRES & LOMBARDO PA**  
**801 LAUREL OAK DR STE 710**  
**NAPLES FL 34108**  
**US**



2. Principal Place of Business  
**3200 Tamiami Trail N.**

3. Mailing Address  
**3200 Tamiami Trail N.**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**suite 200**

DO NOT WRITE IN THIS SPACE

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number **65-0018627**

Applied For  
 Not Applicable

Zip  
**34103**

Country

Zip  
**34103**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J.**  
**801 LAUREL OAK DRIVE**  
**710**  
**NAPLES FL 34108**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3200 Tamiami Trail N., Suite 200**  
 City **Naples** **FL** Zip Code **34103**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **FERRAO, AUBREY**  
 CITY-ST-ZIP **3470 CLUB CENTER BLVD**  
**NAPLES FL 34114**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **WOODWARD, MARK J**  
 CITY-ST-ZIP **801 LAUREL OAK DR 710**  
**NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3200 Tamiami Trail N., Suite 200**  
 CITY-ST-ZIP **Naples, FL 34103**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this address, with all changes empowered.

**SIGNATURE: Aubrey J Ferrao**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/01** **941 732 9400**  
Date Daytime Phone #

CR2E034 (10/00)