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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60515

(9)

NORTH NAPLES REALTY COMPANY

FILED									
Jan 31	1997	8:00am							
Secretary of State									

Principal Plac	e of Business	Mailing Address				a smaintea Kim maini guaint datht sannt mail d	vmot militer memili ityl	THE BEST OF	JII 1891
2000 SPANISH BONITA SPRING US	HWELLS DRIVE GS FL 33923	2000 SPANISH WELLS D BONITA SPRINGS FL 338; US							
						3. Date Incorporated or Qualified 01/23/1989	3a. Date of 01/26/1		port
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	4 <u>.</u>	Apr	olied For
21		26				65-0191352		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	1 1 7	8.75 Ac	
City & Stat	0	City & State				6. Election Campaign Financing		5.00 h	Мау Ве
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip		intry		8. This corporation has liability for it			199.032,
24	9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New Reg	Yes XX No		
CDA	WFORD, J. STEPHEN	it nedistered wheir		81 Nam	Α	IV. Name and Address of New May	listeran võei	11	
	CASTELLO DRIVE SUITE 1								
	LES FL 33940			82 Stree	t Addre	ss (P.O. Box Number is Not Acceptab	ie)		
1000	PES LE 33840			83					
							·		
				84 City			FL BE		- 1
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Statu e of Florida. Such change was	ites, the a authorize	bove-name d by the co	d corpo progratio	ration submits this statement for the pon's board of directors. I hereby accep	urpose of cha it the appointr	nging its nent as r	registered registered
agent La	an familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Sta	tutes.	•		• • •		
SIGNATURE	***************************************		76 B				DATE		
12.	Signature hypercontributed racial of registered agr	ENT AND INITED SOPREMENT	13.	a Agent signati	ure require	d when reinstaling) ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
TITLE	VD	DELETE	1.1 T	TLE	T			Change	Addition
NAME	MCARDLE, EDWARD J		1.2 N	AME	1				
STREET ADDRESS	5101 CAROLINE		1.3 S	Treet address	s				
CITY · ST - ZIP	HOUSTON TX			ITY - ST - ZIP					
TITLE	PD	DELETE	2.1 T					Change	Addition
NAME	MCARDLE, DAVID A.		22 N	AME					
STREET ADDRESS	4051 E. MAIN STREET		2.3 S	TREET ADDRESS	s				i
CITY - ST - ZIP	ST. CHARLES IL		2.40	HTY-ST-ZIP					
TITLE	SD	DELETE	3.1 7	TLE				Change	Addition
NAME	KELLY, THOMAS J.		3.2 N	AME					
STREET ADDRESS	311 KAUTZ RD		335	TREET ADDRESS	s				
CITY-ST-ZIP	ST. CHARLES IL		3.4, 0	DITY-ST-ZIP					
TALE	AS	☐ DELETE	4.1 7	TLE				Change	Addition
NAME	CRAWFORD, J. STEPHEN		4.21	IAME					
STREET ADDRESS	5129 CASTELLO DRIVE SUITE	1	4.3 S	TREET ADDRES	s				
CHY-ST-ZIP	NAPLES FL		4.4 C	ITY-ST-ZIP					
TITLE		DELETE	5.1 1	TLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET ADDRES	s				
CITY - ST - ZIP]		5.4 0	ITY-ST-ZIP					

14. I do hereby certily 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 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Secretary

(630) 584-6580

Change

Addition