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 # L52450

(8)

NAPLES/FORT MYERS TOWN HALL, INC.

FILED
May 14 1997 8:00am
Secretary of State

Principal Place 1300 3RD ST SUITE 300 NAPLES FL 339	SOUTH	Mailing Address -1300 900 -07:000TH			Date Incorporated or Qualified		
6 0-1	lace of Project	10-11-		02/23/1990	05/01/1996		
· ·	Place of Business	2a. Mailing Address	O.,	4. FEI Number) 	plied For	
Suite, Apt. #, etc.		26 200 S. Orange Ave. Suite, Apt. #, etc.		<u>65-0183538</u>	60 7E 4 1 100		
22		27 Suite 2300		5. Certificate of Status Desired Fee Required			
City & State		City & State		6 Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be		
23		28 Orlando, FL		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability f			
24	25	29 32801-3432 3	10	Florida Statutes	Yes No		
	9, Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent		
	C. CO.		81 Name				
-2300	SUN BANK CENTER—		82 Street Ad	dress (P.O. Box Number is Not Accep-			
 200 S. ORANGE AVE			20	o S. Orange f	tue.		
0Rb	ANDO FL-92801		83 5.	ute 2300			
			84 City	110 200	85 Zip (Code	
				lando	FL "328	01-343	
11. Pursuant i	to the provisions of Sections 607.0502 registered agent, or both, in the State (' and 607.1508, Florida Statutes of Florida, Such change was au	s, the above-named co thorized by the coroor	progration submits this statement for the ration's board of directors. I hereby according to the contract of t	e purpose of changing its	s registered	
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flori	ida Statutes	and the state of an obtained this topy de-	som the expension of	rogiotorea	
SIGNATURE							
12,	Signature typed or printed name of registered agor OFFICERS AND		Hegistered Agent signature rec		DATE DIRECTOR	0 111 40	
TITLE	DPST OF TICENS AND	DELETE	13.	ADDITIONS/CHANGES TO OF	Change	Addition	
NAME	JONES, JEANNE W.		1.2 NAME			☐ Noomon	
STREET ADDRESS	5308 GOLFWAY LANE		1.3 STREET ADORESS		•		
CITY-ST-ZIP	LYNDHURST OH		1.4 CHY+SI+ZiP				
TITLE	AT	DEFETE	21 YILLE	•	. Change	Addition	
NAME	WENTZEL BETSY-		2.2 NAME	RUTTER BETS' 1300 BYD 8to NAPLES, FL 34/02	4		
STREET ADDRESS	1300 THIRD ST., SOUTH		2.3 STREET ADDRESS	1300 310 8ta	50,#30°)	
CITY-ST-ZIP	NAPLES FL 88948		2 4 City - St - ZiP	NADIOS FI 34/02			
TITLE		☐ DELETE	3.1 1/11(19141 1423, 119 3117 32	Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
City-St-Zip			3.4. CITY - S1- ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C(TY - ST - Z(P				
TITLE		DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 C(1) Y + S1 + Z(P				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 C(1Y - S1 - 7)P				
informatio	on indicated on this annual report or su	applemental annual report is tru	e and accurate and th	ed in Soction 119.07(3)(i), Florida Stati at my signature shall have the same le ort as required by Chapter 607, Florid	egal effect as if made und	der oath: that	