

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 91160 006 ***61.25
FILE N00000001099

03 MAY 23 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90130095



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N00000001099

1. Entity Name
MILAN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
14835 BELLEZZ LN.
NAPLES, FL 34110

Mailing Address
14835 BELLEZZ LN.
NAPLES, FL 34110

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0995506

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY ESQ
5551 RIDGEWOOD DRIVE
SUITE 101
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBINTON, JON 16449 MILAN WAY 14835 Bellezza Lane NAPLES, FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUBINTON, GEORGE 16449 MILAN WAY 14835 Bellezza Lane NAPLES, FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANTING, BONNIE S 16449 MILAN WAY NAPLES, FL 34110 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHRYN B. LEARNING 14835 Bellezza Lane NAPLES, FL 34110 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn B. Learning 4-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR