


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N01000004559 1. Entity Name NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC. |  |
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| Principal Place of Business C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394 | Mailing Address C/O ASSET MANAGEMENT, LLC 1 FINANCIAL PLAZA, SUITE 2001 FT. LAUDERDALE, FL 33394 |
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01092004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 02-0633355 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD. #200 FORT LAUDERDALE, FL 33301 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|---|------------|

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD TURCHIN, LESLIE S %DBR ASSET MGMT, LLC, 1 FINANCIAL PL #2001 FT. LAUDERDALE, FL 33394 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/28/04-80061-010 111.25

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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 files empowered.

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|---|--|------------------------------|---|
| SIGNATURE:  | _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | _____ <small>Date</small> | _____ <small>Daytime Phone #</small> |
|---|--|------------------------------|---|