

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90095 049 \*\*\*\*\*61.25

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**DOCUMENT # N02000007294**

1. Entity Name

**NAPLES MANOR ASSOCIATION, INC.**



Principal Place of Business

**5346 HOLLAND ST.  
NAPLES FL 34113**

Mailing Address

**5346 HOLLAND ST.  
NAPLES FL 34113**

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

**20-0180474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILBERT, ALAN  
5391 CAROLINA AVENUE  
NAPLES FL 34113**

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: *ALAN G. Gilbert*  
*Alan Gilbert*

(NOTE: Registered agent signature required when reappointing)

DATE

*8/27/03*

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **GILBERT, ALAN**  
STREET ADDRESS **5391 CAROLINA AVENUE**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE **DT** ☐ Change ☒ Addition  
NAME **CORREA, MYRNA**  
STREET ADDRESS **5524 HARDEE ST.**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **DV** ☐ Delete  
NAME **DOUGLAS, KAREN R.**  
STREET ADDRESS **5346 HOLLAND ST.**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PINERO, VINCENTE**  
STREET ADDRESS **5391 CAROLINA AVENUE**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MISCHUNG, JACK**  
STREET ADDRESS **5477 CARLTON STREET**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☒ Addition  
NAME **MISCHUNG, JACK**  
STREET ADDRESS **5477 CARLTON ST.**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *John Mischung, Director*  
**SIGNATURE REQUIRED**

*8/27/03 239-793-5080*

CR2E037 (4/03)