

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09850

(1)

1. Corporation Name

OLDE WESTLAKE VILLAS, INC.

Principal Place of Business

704 W. LAKE DRIVE
NAPLES FL 33940-6854

Mailing Address

704 W. LAKE DRIVE
NAPLES FL 33940-6854



3. Date Incorporated or Qualified

06/19/1985

3a. Date of Last Report

01/23/1995

4. FEI Number

65-0138276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSSLEY, NORMAN
704 W. LAKE DRIVE
NAPLES FL 33940-6854

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title (if applicable))

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CROSSLEY, NORMAN
STREET ADDRESS 704 W. LAKE DRIVE
CITY-ST-ZIP NAPLES FL

11 TITLE TD ☒ Change ☐ Addition
12 NAME CROSSLEY, NORMAN
13 STREET ADDRESS 704 W. LAKE DRIVE
14 CITY-ST-ZIP NAPLES FL 33940

TITLE TD ☐ DELETE
NAME FARREN, FRANK J.
STREET ADDRESS 400 7TH AVE., S.
CITY-ST-ZIP NAPLES FL

21 TITLE PD ☒ Change ☐ Addition
22 NAME FARREN, FRANK
23 STREET ADDRESS 400 7TH AVE., S
24 CITY-ST-ZIP NAPLES FL 33940

TITLE SD ☐ DELETE
NAME PROLMAN, KARIN
STREET ADDRESS 1550 WORCESTER RD., 323 W.
CITY-ST-ZIP FARMINGTON MA

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

941-434-8259

Date

Daytime Phone #

CR2E037 (12/95)