

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90173 025 ****61.25

DOCUMENT # N10247

1. Entity Name

MARWOOD OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**MARWOOD OWNERS ASS
 5501 RATTLESNAKE HMK DR
 NAPLES FL 34113
 US**

**P O BOX 9709
 NAPLES FL 34101
 US**

80078024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2563308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HART, STEPHEN P~~

**COLLIER FINANCIAL INC
 4985 E TAMiami TRL
 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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ALAN	
STREET ADDRESS	5501 RATTLESNAKE HMK #205	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAGLIASCACCHI, FABIO	
STREET ADDRESS	5501 RATTLESNAKE HMK #114	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, DENISE	
STREET ADDRESS	5501 RATTLESNAKE HMK DR #205	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORD, BETTY	
STREET ADDRESS	5501 RATTLESNAKE HMK #201	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, LORETTA	
STREET ADDRESS	5501 RATTLESNAKE HMK, #106	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ALAN	
STREET ADDRESS	5501 RATTLESNAKE HMK #205	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, NICOLE	
STREET ADDRESS	5501 RATTLESNAKE HMK #212	
CITY-ST-ZIP	NAPLES, FL 34113	

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: *Signature Required*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/01)