


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N11059** (5)
1. Corporation Name
BETART ESTATES PROPERTY OWNERS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 3541 GORDON DRIVE NAPLES FL 34102 | Mailing Address 3541 GORDON DRIVE NAPLES FL 34102 |
|---|---|

3. Date Incorporated or Qualified

09/12/1985

4. FEI Number

65-0027035

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **NA**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HOWARD, HUBERT E. JR.
3541 GORDON DR.
NAPLES FL 34102**

10. Name and Address of New Registered Agent

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

TITLE

S

☒ DELETE

NAME

~~HOWARD, BETTYE K.~~

STREET ADDRESS

~~3541 GORDON DRIVE~~

CITY - ST - ZIP

~~NAPLES FL~~

TITLE

PTD

☐ DELETE

NAME

HOWARD, HUBERT E. JR.

STREET ADDRESS

3541 GORDON DRIVE

CITY - ST - ZIP

NAPLES FL

TITLE

D

☐ DELETE

NAME

LENZ, MICHAEL

STREET ADDRESS

3539 GORDON DRIVE

CITY - ST - ZIP

NAPLES FL

TITLE

VD

☒ DELETE

NAME

~~HOLDEN, JAMES~~

STREET ADDRESS

~~244 OTIS RD.~~

CITY - ST - ZIP

~~BARRINGTON HILLS IL 60010~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SECRETARY, DIRECTOR

☒ Change

☐ Addition

1.2 NAME

KATHY DIXON

1.3 STREET ADDRESS

3551 GORDON DR.

1.4 CITY - ST - ZIP

NAPLES, FL. 34102

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

VICE-PRES, DIRECTOR

☒ Change

☐ Addition

4.2 NAME

GRAHAM HALL

4.3 STREET ADDRESS

22916 LAKE RD.

4.4 CITY - ST - ZIP

BAY VILLAGE, O. 44140

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

H. E. Howard Jr.

H. E. HOWARD JR 1-16-98

CR2E037 (10/97)