

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90018 008 ****61.25

003408

DOCUMENT # N11059

1. Corporation Name

BETART ESTATES PROPERTY OWNERS ASSOCIATION, INC.

120975 - 90018 - 8

Principal Place of Business

3541 GORDON DRIVE
NAPLES FL 34102

Mailing Address

3541 GORDON DRIVE
NAPLES FL 34102



2. Principal Place of Business

21 **3551 GORDON DRIVE**

2a. Mailing Address

26 **3551 GORDON DRIVE**

3. Date Incorporated or Qualified

09/12/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0027035

Applied For

Not Applicable

City & State

23 **NAPLES, FL**

City & State

28 **NAPLES, FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **34102**

25 **USA**

Zip

Country

29 **34102**

30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **JOHN DIXON**

82 Street Address (P.O. Box Number is Not Acceptable)
3551 GORDON DRIVE

83

84 City **NAPLES**

FL

85 Zip Code
34102

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 **X** **JOHN DIXON PRESIDENT**
(Signature typed or printed name of registered agent and title if applicable.)

1-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **PIXON, KATHY**
STREET ADDRESS **3551 GORDON DR**
CITY-ST-ZIP **NAPLES FL 34102**

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 **VPD** ☐ DELETE
NAME **GRAHAM, HILL**
STREET ADDRESS **22916 LAKE RD**
CITY-ST-ZIP **BAY VILLAGE OH 44140**

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 **S** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VSP** ☒ Change ☐ Addition
4.2 NAME **HALL, GRAHAM**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **PTD** ☐ Change ☒ Addition
5.2 NAME **DIXON JOHN**
5.3 STREET ADDRESS **3551 GORDON DR.**
5.4 CITY-ST-ZIP **NAPLES, FL. 34102**

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **JOHN DIXON PRESIDENT**

Date

Daytime Phone #

1-26-99

941-403-9341

CR2E037 (1/98)