

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:12

DOCUMENT # N13705 (1)

1. Corporation Name

WARBLER LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% DEE VERBANAC  
131 CARICA RD.  
NAPLES FL 33963

% DEE VERBANAC  
131 CARICA RD.  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/05/1986                                                                                                             | 3a. Date of Last Report<br>01/31/1994 |
| 4. FEI Number<br>65-0218742                                                                                                                                 | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input checked="" type="checkbox"/>                                                                    | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERBANAC, DEE  
131 CARICA RD  
NAPLES FL 33963

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | SD                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VERBANAC, DEE       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 131 CARICA RD.      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | NAPLES FL           | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CONNOR, JACK        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 163 CARICA ROAD     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | NAPLES FL           | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHAKESPEARE, ROBERT | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 168 TUPELO ROAD     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | NAPLES FL           | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 6.4 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 110.07(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 recorder 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

*Jack Connor*  
JACK CONNOR

Feb. 8, 1995  
813-592-6262