FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

3470 FROSTY WAY #4

NAPLES FL

STREET ADDRESS

CITY-ST-2IP

DOCU 1. Corporatio	MENT # N1510	96 (U)				
\	S WINTERPARK NORTH, I	NC.			·	
Principal Place of Business Mailing Address				T LODILION EAL TYPET OFFICE TROTH EALLE O	FRE BUBSH BUBSH BUBSH BUBSH BUBSH 4867	
C/O R & P MANAGEMENT 265 S. AIRPORT ROAD NAPLES FL 33942		C/O R & P MANAGEMENT 265 S. AIRPORT ROAD NAPLES FL 34104-3518				
NAPLEO FL 33	57 2	NATELO TE OFTOTOSTO		3. Date Incorporated or Qualified 05/27/1986	3a. Date of Last Report 04/29/1996	
2. Principal Place of Business 2a. M 21 26		2a. Mailing Address 26		4. FEI Number 59-3847689	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25		30		Yes No	
	9, Name and Address of Currer	it Registered Agent		10. Name and Address of New Reg	istered Agent	
B1			81 Name			
R & P MANAGEMENT ASSOCIATES			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
265 AIRPORT ROAD SOUTH NAPLES FL 33942			83			
MATLEO	5 FL 33542					
			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 Junio 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					20.97	
12,	Signature, typed of finition name of registered ago OFFICERS AN		: Registered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12	
TITLE	PO POPULATION	DELETE	1.1 TITLE	ADDITIONS/GHANGES TO OFFICE	Change Addition	
NAME	MERCER, JACK	_	1.2 NAME			
STREET ADDRESS	1755 KNIGHTS WAY		1.3 STREET ADDRESS			
DITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		}	
TITLE	D	DELETE	2.1 1ITLE		Change Addition	
NAME	STAN YORK		2.2 NAME			
STREET ADDRESS	3460 FROSTY WAY #2		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	F1 55.555	2. 4 CITY-ST-ZIP			
TITLE	D OMOLO IOCEDII	DELETE	3.1 TITLE		Change Addition	
NAME CTOTES ADDOTES	SIAGLO, JOSEPH 3410 FROSTY WAY, #6	•	3.2 NAME			
STREET ADDRESS	NAPLES FL		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME	GANS, WILLIAM		4. 2 NAME			
STREET ADDRESS	3450 FROSTY WAY, #11		4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	,	4.4 CHY - ST- ZIP			
TITLE	D	DELETE	5.1 TITLE	Secretary 508. PELLEBRINO 3460 FROSTV WAY #/	☐ Change 🔀 Addition	
NAME	DECIANTIS, CONNIE	7	5.2 NAME	JOE PELLEBRINO		
STREET ADDRESS	3430 FROSTY WAY, #2		5 3 STREET ADDRESS	3460 FROSTY WAY #/		
CITY-ST-ZIP	NAPLES FL		5.4 CITY - ST - ZIP	Naples FL 3411	2-	
TITLE	D	DELFTE	6.1 TITLE		☐ Change ☐ Addition ☐	
NAME	CECCHINI, DAVID		6.2 NAME			

14. I do 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 grahe 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 atlactment with an address. 941

6.3 STREET ADDRESS