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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N15106**

1. Corporation Name
NAPLES WINTERPARK NORTH, INC.

Principal Place of Business	Mailing Address
C/O R & P MANAGEMENT 265 S. AIRPORT ROAD NAPLES FL 33942	C/O R & P MANAGEMENT 265 S. AIRPORT ROAD NAPLES FL 33942

2. Principal Place of Business	2a. Mailing Address
21 C/O CONDOMINIUM MGRS, INC	26 C/O CONDOMINIUM MGRS, INC.
22 Suite, Apt. #, etc. 4628 TAMIAMI TRAIL E.	27 Suite, Apt. #, etc. 4628 TAMIAMI TRAIL E.
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 34112 25 Country US	29 Zip 34112 30 Country US

3. Date Incorporated or Qualifed: 05/27/1986

4. FEI Number: 59-3847689 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: CONDOMINIUM MANAGERS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 4628 TAMIAMI TRAIL E.
83
84 City: NAPLES FL 85 Zip Code: 34112

11. Pursuant to the provisions of Section 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] GRANT BOBBINS ASSOC. MGR 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERCER, JACK		1.2 NAME		
STREET ADDRESS	1755 KNIGHTS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	STAN YORK		2.2 NAME	MABEL CORSO	
STREET ADDRESS	3460 FROSTY WAY #2		2.3 STREET ADDRESS	3410 FROSTY WAY #4	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	☐ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	SIAGLO, JOSEPH		3.2 NAME		
STREET ADDRESS	3410 FROSTY WAY, #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GANS, WILLIAM		4. 2 NAME	LARRY MISFORD	
STREET ADDRESS	3450 FROSTY WAY, #11		4.3 STREET ADDRESS	3420 FROSTY WAY #6	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	S	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PELLEGRINO, JOE		5.2 NAME	RICHARD ANGELO	
STREET ADDRESS	3460 FROST WAY #1		5.3 STREET ADDRESS	3400 FROSTY WAY #8	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CECCHINI, DAVID		6.2 NAME		
STREET ADDRESS	3470 FROSTY WAY #4		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED MABEL B CORSO 4/14/99 (941) 775-9364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)