# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15106

1. Entity Name

NAPLES WINTERPARK NORTH, INC.

**FILED**
**Apr 24, 2000 8:00 am**
**Secretary of State**
04-24-2000 90125 015 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CONDOMINUM MANAGEMENT. INC.<br>4628 TAMIAMI TRAIL E.<br>NAPLES FL 34112 | C/O CONDOMINUM MANAGEMENT. INC.<br>4628 TAMIAMI TRAIL E.<br>NAPLES FL 34112-6726 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| % Diana Gurges | % Diana Gurges |
| Suite, Apt. #, etc. 3400 Tamiami Trail N #202 | Suite, Apt. #, etc. 3400 TAMIAMI TRAIL N #202 |
| City & State Naples Fl | City & State Naples Fl |
| Zip 34103 Country | Zip 34103 Country |

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

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

**6. Name and Address of Current Registered Agent**

~~CONDOMINUM MANAGERS, INC.~~
~~4628 TAMIAMI TRAIL E.~~
~~NAPLES FL 34112~~

**7. Name and Address of New Registered Agent**

Name DIANA GURGES
Street Address (P.O. Box Number is Not Acceptable) 3400 Tamiami Tr. N. # 202
City Naples FL Zip Code 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Diana Gurges DIANA GURGES 4-18-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MERCER, JACK<br>1755 KNIGHTS WAY<br>NAPLES FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WALSH, ALAN<br>3450 Frosty WAY #6<br>NAPLES, FL. 34112 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CORSO, MABEL<br>34410 FROSTY WAY # 4<br>NAPLES FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GALVIN, THOMAS<br>3470 Frosty WAY # 7<br>NAPLES, FL 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SIAGLO, JOSEPH<br>3410 FROSTY WAY, #6<br>NAPLES FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>MUGFORD, LARRY<br>3420 FROSTY WAY #6<br>NAPLES, FL. 34112 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MUGFORD, LARRY<br>3420 FROSTY WAY # 6<br>NAPLES FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BANS, William<br>3450 Frosty WAY #11<br>NAPLES, FL. 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANGELO, RICHARD<br>3400 FROSTY WAY # 8<br>NAPLES FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALDRON, MARK<br>3430 Frosty WAY #6<br>NAPLES, FL. 34112 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CECCHINI, DAVID<br>3470 FROSTY WAY #4<br>NAPLES FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alan Walsh REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #