

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N17397** (3)

1. Corporation Name

THE NAPLES MORNINGSTAR CONDOMINIUM ASSOCIATION, INC.

55 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
265 AIRPORT RD SO NAPLES FL 33942 US	265 AIRPORT RD SO NAPLES FL 33942 US

3. Date Incorporated or Qualified 10/20/1986	3a. Date of Last Report 04/12/1994
4. FEI Number 59-2771452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**R&P MANAGEMENT ASSOCIATES
265 AIRPORT RD., SOUTH
NAPLES FL 33942**

10. Name and Address of New Registered Agent

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 of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RONALD	1.2 NAME	
STREET ADDRESS	3655 HALDEMAN CREEK DR., #U-302	1.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, JOSEPH J	2.2 NAME	CARDWELL, PETER
STREET ADDRESS	3619 HALDEMAN CREEK DR., #U-104	2.3 STREET ADDRESS	3703 HALDEMAN CREEK DR #U 601
CITY ST ZIP	NAPLES FL	2.4 CITY ST ZIP	NAPLES FL 33962
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, HARVEY	3.2 NAME	
STREET ADDRESS	3715 HALDEMAN CREEK DR., #U-604	3.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	3.4 CITY ST ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, THOMAS	4.2 NAME	
STREET ADDRESS	3701 HALDENMAN CREEK DR.	4.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	4.4 CITY ST ZIP	
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, ROBERT	5.2 NAME	
STREET ADDRESS	3705 HALDEMAN CREEK DR.	5.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	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 119.07(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 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.

SIGNATURE:

Robert J. Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT J. SCHULTE

4-24-95 (216) 451-1155
DATE
(513) 775-1854
SIGNATURE