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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N17397 (3)

1. Corporation Name  
THE NAPLES MORNINGSTAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
265 AIRPORT RD SO NAPLES FL 33942 US  
265 AIRPORT RD SO NAPLES FL 34104-3518 US

3. Date Incorporated or Qualified 10/20/1986  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2771452 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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, 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: 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 D MASON, RONALD DELETE  
NAME  
STREET ADDRESS 3655 HALDEMAN CREEK DR., #U-302  
CITY-ST-ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD CALDWELL, PORTER DELETE  
NAME  
STREET ADDRESS 3703 HALDEMAN CREEK DR #U601  
CITY-ST-ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD MATTHIJSEN, DORIS DELETE  
NAME  
STREET ADDRESS 3601 HALDEMAN CREEK DR.  
CITY-ST-ZIP NAPLES FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DV MOSELEY, THOMAS DELETE  
NAME  
STREET ADDRESS 3701 HALDENMAN CREEK DR.  
CITY-ST-ZIP NAPLES FL

4.1 TITLE  
4.2 NAME Hugh DeLarnette, Hugh  
4.3 STREET ADDRESS 3701 Haldeman Creek Dr  
4.4 CITY-ST-ZIP Naples FL

TITLE DT SCHULTZ, ROBERT DELETE  
NAME  
STREET ADDRESS 3705 HALDEMAN CREEK DR.  
CITY-ST-ZIP NAPLES FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)