

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17397**

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

Principal Place of Business 265 AIRPORT RD SO  NAPLES 34104	FL	Mailing Address 265 AIRPORT RD SO  NAPLES 34104	FL
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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4. FEI Number  
**59-2771452**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

R&P MANAGEMENT ASSOCIATES  
 265 AIRPORT RD., SOUTH  
  
 NAPLES FL  
 34104 US

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE **04/30/2001**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHLOEGEL JOHN 3711 HALDEMAN CREEK NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEJARNETTE HUGH 3701 HALDENMAN CREEK DR. NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHJUSSEN DORIS 3601 HALDEMAN CREEK DR. NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLUMENTHAL BEN 3659 HALDEMAN CREEK DR #303 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG DAVID 3653 HALDEMANN CREEK DR NAPLES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEVERINO KATHLEEN 3661 HALDEMAN CREEK DR. NAPLES FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDDT SCHLOEGEL JOHN 3711 HALDEMAN CREEK NAPLES FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERLOFF ROY 3653 HALDEMANN CREEK DR NAPLES FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DAVID LUDWIG** D **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)