

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26842

1. Corporation Name

COBBLESTONE COURT I OF NAPLES, INC



Principal Place of Business

Mailing Address

4100 CORPORATE SQUARE
SUITE 157
NAPLES FL 33942

4100 CORPORATE SQUARE
SUITE 157
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1987

3a. Date of Last Report

03/15/1995

4. FEI Number

59-3033109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 617.1908, 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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
ROGERS, DICK
5881 COBBLESTONE LANE #C202
NAPLES FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VD
WOLFSIE, STAN
5887 COBBLESTONE LANE
NAPLES FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

ST
MOORE, JEAN
5881 COBBLESTONE LANE #C104
NAPLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
MURCHISON, DALE
5857 COBBLESTONE LANE #G103
NAPLES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D
ANDERSON, BOB
5863 COBBLESTONE LANE F202
NAPLES FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

VD
DAVIS, WENDALL

5881 COBBLESTONE LANE #D201

NAPLES FL 33962

☐ Change ☐ Addition

TD
MOORE, JEAN

5881 COBBLESTONE LANE #C104

NAPLES FL 33962

☒ Change ☐ Addition

PD
MURCHISON, DALE

5857 COBBLESTONE LANE #G103

NAPLES FL 33962

☐ Change ☒ Addition

SD
CONDINA, JAMES

5851 COBBLESTONE LANE #H202

NAPLES FL 33962

☐ Change ☒ Addition

D
JACH, ROBERT

5863 COBBLESTONE CT #F102

NAPLES FL 33962

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. BUTCH CHINN

DATE

Daytime Phone #

CR2E037 (12/95)