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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

N23585

(5)

COLONIAL SQUARE OF NAPLES, INC.

Principal Place of Business **THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 33962 **Ze60 AIRPORT ROAD SOUTH NAPLES FL 34112-4885 **THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885 **THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885 **3. Date Incorporated or Qualified 1/1/20/1987 **3. Date Incorporated or Qualified 1/1/20/1987 **4. FEI Number 65-0030123 **Not Applied Fc 65-0030123 **Suite, Apt #. etc. 27 **Suite, Apt #. etc. 27 **Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution Added to Fees **Zip Country Zip Country **Zip Country Zip Country **Zip Country Zip Country **Zip Country Zip Country **Zip Country Zip Status Statutes Xi Yes No	able
2660 AIRPORT ROAD SOUTH NAPLES FL 33962 2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885 27 28 Mailing Address 29 40 FEI Number 11/20/1987 40 Applied Fc 65-0030123 40 Not Applied Fc 65-0030123 50 Not Applied Fc 88.75 Addition Fee Required Fc R	able
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt #, etc. 2. Suite, Apt #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. Country 3. Mailing Address 4. FEI Number 6. FEI Number 6. Cettificate of Status Desired 7. Cettificate of Status Desired 7. Country 8. This corporation has liability for Managible tax under s. 199.03	able
21 26 65-0030123 Not Applied Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State City & State Zip Country Zip Country Country Country Country Country Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution Added to Fees Added to Fees	able
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City & State City & C	
23 Trust Fund Contribution ☐ Added to Fees Zip Country Zip Country 8. This corporation has liability tox intensible tax under s. 199.03	
Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.03	1
24 25 29 30 Florida Statutes YE Yes I No	2,
9. Name and Address of Current Registered Agent 10. Name and Address of New Régistered Agent 81. Name	
PROMAL THOMAS D	
2660 AIRPORT ROAD SOUTH	
NAPLES FL 33962 83	
84 City FL 85 Zip Code	
	ered
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ed
SIGNATURE	
Signature, typed or provided name of registerind agent and little if applicable (NOTE: Registered Agent signature required when reinstating) . DATE /-31-51	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PD LEFELETE 1.1 TITLE PRESIDENT / 0. 10 CHANGE AND DIRECTORS IN 12	
11.21.CtW / Villes	uttuji
NAME OLSON, CLIFFORD A 12NAME WOUDWARD MARK STREELADDRESS 1020 GOODLETTE RD. 1.3 STREET ADDRESS 801 COURS! OAK Dr. Suite 640	
CITY-ST-ZIP NAPLES FL 34108	
THLE VD DELETE 21 TITLE Vice President / Director & Change Ad	dition
NAME WOODWARD, MARK 22NAME MOSKOWITZ BERNIE	
STREET ADDRESS 801 LAUREL OAK DR. SUITE 640 23 STREET ADDRESS 1100 GOOD LICHE AL	
CHY-ST-ZIP NAPLES FL 34/02	
DOCUME THOUSAND	dition
NAME BROWN, THOMAS R. 32 NAME VIlla compor Dulce	
STREET ADDRESS 2660 AIRPORT ROAD SOUTH 33 STREET ADDRESS 1008 600 die to	
CITY-SI-7IP NAPLES FL 34 CITY-SI-7IP Naples FC 34/02	dition
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CITY - ST - ZIP 5.4 CITY - ST - ZIP	dition
CITY - S1 - ZIP 5.4 CITY - ST - ZIP	dition

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 chapted, or on an attachment with an address.

SIGNATURE:

WWDWARD 2/12/53 (G4/1) 566-3/3/1

6.4 CHTY-ST-ZIP