

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23585 (5)
 1. Corporation Name
COLONIAL SQUARE OF NAPLES, INC.



Principal Place of Business %THOMAS R. BROWN 2680 AIRPORT ROAD SOUTH NAPLES FL 33962	Mailing Address %THOMAS R. BROWN 2680 AIRPORT ROAD SOUTH NAPLES FL 33962
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3. Date Incorporated or Qualified
11/20/1987

4. FEI Number
65-0030123

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BROWN, THOMAS R.
2680 AIRPORT ROAD SOUTH
NAPLES FL 33962**

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 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOODWARD, MARK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 LAUREL OAK DR SUITE 640	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, BONNIE	2.2 NAME	UPD CHERYL KRAUS
STREET ADDRESS	1100 GOODLETTE RD	2.3 STREET ADDRESS	1047 GOODLETTE RD.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLACAMPER, DULCE	3.2 NAME	STD CLIFF QUIMPHY
STREET ADDRESS	1008 GOODLETTE RD	3.3 STREET ADDRESS	3221 KANEST CT
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: _____ **4/15/98 941-261-7716**

CR2E037 (10/97)