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**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90067 038 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N23585**

1. Corporation Name

**COLONIAL SQUARE OF NAPLES, INC.**

Principal Place of Business

%THOMAS R. BROWN  
 2660 AIRPORT ROAD SOUTH  
 NAPLES FL 33962

Mailing Address

%THOMAS R. BROWN  
 2660 AIRPORT ROAD SOUTH  
 NAPLES FL 33962



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/20/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0030123

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, THOMAS R.**  
**2660 AIRPORT ROAD SOUTH**  
**NAPLES FL 33962**

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  DELETE  
 NAME **PD WOODWARD, MARK**  
 STREET ADDRESS **801 LAUREL OAK DR SUITE 640**  
 CITY-ST-ZIP **NAPLES FL**

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

TITLE  DELETE  
 NAME **VPD KRAUS, CHERYL**  
 STREET ADDRESS **1047 GOODLETTE RD**  
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE  DELETE  
 NAME **STD QUIMBY, CLIFF**  
 STREET ADDRESS **3221 KARST CT**  
 CITY-ST-ZIP **NAPLES FL 34112**

3.1 TITLE  Change  Addition  
 3.2 NAME **STD HANK BUCKHANNON**  
 3.3 STREET ADDRESS **1076 GOODLETTE RD.**  
 3.4 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 941 2612621  
 Date Daytime Phone #

CR2E037 (1/98)