## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

NAPLES FL 34102

21

23

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

DOCUMENT # N23699

Country

2a, Mailing Address

Suite, Apt. #

City & Sta

etc.

26

27

28

MARTIN-STILLMAN BUILDING CONDOMINIUM ASSOCIATION

## , INC. Principal Place of Business Mailing Address 975 SIXTH AVENUE SOUTH NAPLES FL 33940 975 SIXTH AVENUE SOUTH

Country

**FILED** 

Mar 26 1998 8:00am

Secretary of State

Yes 🗶 No

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified

12/02/1987

65-0011844

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24			30			Personal Property Tax due June 30. L Yes KNo	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Name		Į
MARTIN, JAMES L. 975 SIXTH AVE. SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)			
				Street Address (F.O. Box Multiper is 140t Acceptable)			
				83			
TWO LLO	1 6 04 102						
			[	84	City	85 Zip Code	
44.5	-/0/042.0500	H 047 4500 51-141 04-14					
office or r	to the provisions of Sections 617.0502 at	10 617.1508, Florida Statute Florida, Such change was r	es, the ap authorized	ove-r	named corp he corporati	poration submits this statement for the purpose of changing its registration's board of directors. I bereby accept the appointment as register	erea
agent. I a	m familiar with, and accept the obligation	is of, Section 617.0503, Flo	orida Statu	utes.		tion's board of directors. I hereby accept the appointment as register	
SIGNATURE							ŀ
	Signature, typed or printed name of registered agent an			Agent	signature require	red when reinstating) DATE	
12.	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	DELETE	1.1 TiT	TE	1	L Change Ad	ddition
NAME	Martin, James L.		1.2 NA	ME	l l		1
STREET ADDRESS	975 SIXTH AVE. SOUTH		1.3 ST	1.3 STREET ADDRESS			i
CITY-ST-ZIP	NAPLES FL		1.4 CIT	Y-ST-	ZIP	34102-	
TITLE	PTD	DELETE	2.1 TIT			Change Ad	ddition
NAME	STILLMAN, EUGENE A.		2.2 NA	ME	1		ĺ
STREET ADORESS	975 SIXTH AVE. SOUTH		•	REET AD	IDDESC		}
	NAPLES FL					3402	
CITY-ST-ZIP TITLE	D	DELETE	3.1 TIT	TY-51-		Change 🔀 Ad	1dition
NAME	CONROY, J T	Z becci.	3.2 NA	-		ARPENTER LORENE K. 15 SIXTH AVENUE SOUTH APLES, FL 34102	
			1			ARPENTER LAUGANE SOUTH	- 1
STREET ADDRESS	975 SIXTH AVE SOUTH			3.3 STREET ADDRESS		ANGE EL RY MA	
CITY-ST-ZIP	NAPLES FL	T be est	3.4. CI		ZIP //	HILES, PA STIGAL	4.00
TITLE		DELETE	4.1 Tit		ĺ	Change Ad	MICHOR
NAME			4. 2 NA	AME	ľ		- 1
STREET ADDRESS			4.3 STF	REET AD	OORESS		1
CITY-ST-ZIP			4.4 CIT	Y-ST-7	ZIP		
TITLE		DELETÉ	5.1 TIT	LE		☐ Change ☐ Ad	Idition
NAME			5.2 NA	ME	•		- 1
STREET ADDRESS			5.3 ST	REET AD	DRESS		}
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	ZIP		
TITLE		DELETE	6.1 TIT	LE		☐ Change ☐ Ad	Idition
NAME			6.2 NA	ME			- 1
STREET ADDRESS			6,3 STF	REET AD	XDRESS		
CITY-ST-ZIP			1	Y-ST-2	··· ]		)
14. I hereby c	ertify that the information supplied with t	nis filing does not qualify fo	r the exer	mptio	n stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the Information	ation
indicated	on this annual report or supplemental ar	nual report is true and acci	urate and	that :	my signatur	re shall have the same legal effect as if made under oath: that I am a	an i
officer or director of the corporation of 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 for organ attachment with an address.							
	/ /	~ /W.~	2-	1	1	1 March 1 3/00/00 Pell 41 # DUE	. 1