FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90024 040 ****61.25

0063429

DOCUMENT # **N25036**

1. Corporation Name
NAPLES KEEP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1040 6TH AVE. NORTH NAPLES FL 33940	1040 6TH AVE. NORTH NAPLES FL 33940

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/25/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0127564 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 34102 25	Zip Country 29 34102 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FORESMAN, W. F.
1040 6TH AVENUE, NORTH
NAPLES FL 33940

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 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RAFTER, KAREN		1.2 NAME	DISTEFANO, ANN	
STREET ADDRESS	152 CYPRESS WAY, EAST 6		1.3 STREET ADDRESS	146 CYPRESS WAY, EAST, #2	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DVP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FELBER, JOHN		2.2 NAME	MINADEO, SUZANNE	
STREET ADDRESS	154 CYPRESS WAY EAST 8		2.3 STREET ADDRESS	144 CYPRESS WAY, EAST, #6	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DP	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	HIGGINS, LESLIE		3.2 NAME	AYRES, SUZANNA	
STREET ADDRESS	136 CYPRESS WAY, E., #2		3.3 STREET ADDRESS	132 CYPRESS WAY, EAST, #8	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONAHAN, MAUREEN		4.2 NAME		
STREET ADDRESS	140 CYPRESS WAY, E., #5		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 ANN DISTEFANO 3/19/99 (941) 262-7862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #