2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90047 032 ****61.25

0071662

DOCUMENT # N25036

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0127564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORESMAN, W. F. 1040 6TH AVENUE, NORTH NAPLES FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DISTEFANO, ANN 146 CYPRESS WAY EAST #2 NAPLES FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOMBARDI, RICHARD 152 CYPRESS WAY, EAST, #3 NAPLES, FLORIDA 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINADEO, SUZANNE 144 CYPRESS WAY EAST #6 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MINADEO, SUZANNE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AYRES, SUZANNA 132 CYPRESS WAY, EAST #8 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AYRES, SUZANNE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONAHAN, MAUREEN 140 CYPRESS WAY, E., #5 NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, TONI 152 CYPRESS WAY, EAST, #2 NAPLES, FLORIDA 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, JORGE 132 CYPRESS WAY, EAST, #2 NAPLES, FLORIDA 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tonia King REQUIRED 3-13-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #