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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25225** (6)

1. Corporation Name

NAPLES WINTERPARK VIII, INC.



Principal Place of Business

Mailing Address

**R & P MANAGEMENT, INC.
265 S AIRPORT RD
NAPLES FL 33942
US**

**R & P MANAGEMENT, INC.
265 S AIRPORT RD
NAPLES FL 34104-3518
US**

3. Date Incorporated or Qualified
03/04/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD S
NAPLES FL 33942**

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 **SD** ☒ DELETE
NAME **MCVEAN, MARGARET**
STREET ADDRESS **4270 JACK FROST COURT #7**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Peggy Freels**
1.3 STREET ADDRESS **4240 Jack Frost Ct. # 8**
1.4 CITY-ST-ZIP **Naples, FL 34112**

TITLE **PD** ☐ DELETE
NAME **RALPH, GARY A**
STREET ADDRESS **4230 JACK FROST CT 1**
CITY-ST-ZIP **NAPLES FL**

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

TITLE **TD** ☐ DELETE
NAME **REYNOLDS, MARNA**
STREET ADDRESS **1167 FOXFIRE LANE**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

941-774-4114

Daytime Phone # 0059082

CR2E037 (9/96)