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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N25225

1. Corporation Name
NAPLES WINTERPARK VIII, INC.

Principal Place of Business	Mailing Address
R & P MANAGEMENT, INC. 265 S AIRPORT RD NAPLES FL 34104 US	R & P MANAGEMENT, INC. 265 S AIRPORT RD NAPLES FL 34104 US

2. Principal Place of Business	2a. Mailing Address
21 Condominium Mgrs, Inc	26 Condominium Mgrs, Inc
22 Suite, Apt. #, etc. 4628 Tamiami Trail E.	27 Suite, Apt. #, etc. 4628 Tamiami Trail E.
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 34112 25 Country US	29 Zip 34112 30 Country US

3. Date Incorporated or Qualified: 03/04/1988

4. FEI Number: 65-0030981 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD S
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name: Condominium Managers, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 4628 Tamiami Trail E.
83
84 City: NAPLES FL 85 Zip Code: 34112

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: Grant Robbins GRANT ROBBINS ASSOC. MGR DATE: 2/17/99
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	D	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HOLLIDA, JANETTE		1.2 NAME		
STREET ADDRESS	4270 JACK FROST COURT #8		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DS	☐ Change ☐ Addition
NAME	POLING, RETA		2.2 NAME		
STREET ADDRESS	4240 JACK FROST COURT #1		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	CONCEPTION, HELEN		3.2 NAME	MATT SANDS	
STREET ADDRESS	4270 JACK FROST COURT #5		3.3 STREET ADDRESS	4261 JACK FROST CT. #5	
CITY-ST-ZIP	NAPLES FL 34112		3.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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: Janette L. Hollida JANETTE L. HOLLIDA 2-17-99 941-775-3460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #