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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29722 (8)
1. Corporation Name
DRIFTWOOD OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

1% NEWELL PROPERTY MANAGEMENT
4148A CORPORATE SQ
NAPLES FL 34104
US

2% NEWELL PROPERTY MANAGEMENT
4148A CORPORATE SQ
NAPLES FL 34104
US

3. Date Incorporated or Qualified
12/14/1988

4. FEI Number
65-0131751

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQ
NAPLES FL 34104

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

1.1 NAME ~~P~~ HOGGINS, GRAHAM

1.2 STREET ADDRESS 376 THIRD ST., SOUTH

1.3 CITY-ST-ZIP NAPLES FL

TITLE DELETE

2.1 NAME ~~TD~~ WEST, WILLIE

2.2 STREET ADDRESS 376 3RD ST S 204

2.3 CITY-ST-ZIP NAPLES FL

TITLE DELETE

3.1 NAME ~~SD~~ BROWN, DOROTHY

3.2 STREET ADDRESS 376 3RD ST S 202

3.3 CITY-ST-ZIP NAPLES FL

TITLE DELETE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-ST-ZIP

TITLE DELETE

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY-ST-ZIP

TITLE DELETE

6.1 NAME

6.2 STREET ADDRESS

6.3 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition

1.2 NAME Hoggins, Graham

1.3 STREET ADDRESS 376 3rd St S #101

1.4 CITY-ST-ZIP NAPLES FL 34102

2.1 TITLE VD Change Addition

2.2 NAME West, Willie

2.3 STREET ADDRESS 376 3rd St S #204

2.4 CITY-ST-ZIP NAPLES FL 34102

3.1 TITLE STB Change Addition

3.2 NAME Flinn, Robert

3.3 STREET ADDRESS 376 3rd St S #201

3.4 CITY-ST-ZIP NAPLES FL 34102

4.1 TITLE D Change Addition

4.2 NAME The Daniel, Homer

4.3 STREET ADDRESS 376 3rd St S #104

4.4 CITY-ST-ZIP NAPLES FL 34102

5.1 TITLE Change Addition

5.2 NAME Brown, Dorothy

5.3 STREET ADDRESS 376 3rd St S #202

5.4 CITY-ST-ZIP NAPLES FL 34102

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: Robert N. Flinn ROBERT N. FLINN 4/3/98 941-643-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061217

CR2E037 (10/97)