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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31388 (4)
1. Corporation Name
ST. SIMONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C O TRAMCO, INC. 5085 TAMAMI TR. E. NAPLES FL 33962	Mailing Address C O TRAMCO, INC. 5085 TAMAMI TR. E. NAPLES FL 33962
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3. Date Incorporated or Qualified 03/27/1989		
4. FEI Number 59-2941002	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 % R.P. Property Mgt Suite, Apt #, etc	2a. Mailing Address 26 % R.P. Property Mgt Suite, Apt #, etc
22 265 Airport Road S City & State	27 265 Airport Road S City & State
23 Naples FL Zip	28 Naples FL Zip
24 34104	25 Collier
29 34104	30 Collier

9. Name and Address of Current Registered Agent
**TRAMCO INC.
5085 TAMAMI TR. E.
NAPLES FL 34113**

10. Name and Address of New Registered Agent

81 Name R.P. Property Mgt	
82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Road S	
83	
84 City Naples	85 Zip Code FL 34104

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 Glenn Carroll **GLENN CARROLL** 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEVILLET, WALTER	
STREET ADDRESS	5637 TURTLE BAY DR #19	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHEVILLET, GERALDINE J	
STREET ADDRESS	5637 TURTLE BAY BLVD. #19	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, RAYMOND	
STREET ADDRESS	5633 TURTLE BAY DR. #31	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, FRANCES, C	
STREET ADDRESS	5633 TURTLE BAY DR #37	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERRARI, ANTHONY	
STREET ADDRESS	5637 TURTLE BAY DR #22	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRAUSE, MARY	
STREET ADDRESS	5637 TURTLE BAY DR #15	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	Pat McDonald
2.4 CITY-ST-ZIP	5633 Turtle Bay Dr #28
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Naples FL 34106
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Dee Dee Ferraris
4.4 CITY-ST-ZIP	5635 Turtle Bay Dr #2
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Naples FL 34106
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony S. Ferrari **ANTHONY S. FERRARI** 4/22/98 **941-592-0827**

CR2E037 (10/97)