

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90073 024 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **N31388**
 1. Corporation Name
St. Simone Condominium Assoc, Inc

Principal Place of Business Mailing Address

21. Principal Place of Business R&P Prop. Mgmt		2a. Mailing Address C/O R&P Prop. Mgmt		3. Date Incorporated or Qualified	
Suite, Apt. #, etc. 265 AIRPORT RDS		Suite, Apt. #, etc. 265 AIRPORT RDS		4. FEI Number 59-2941002	
22. City & State NAPLES FL		27. City & State NAPLES FL 34104		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 34104		28. Zip 34104		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent R&P PROPERTY MGMT 265 AIRPORT RDS. 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			
				85. Zip Code		FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P Tony Ferrari
STREET ADDRESS		1.3 STREET ADDRESS	5637 Turtle Bay Dr #22
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP Dee Dee Jaffries
STREET ADDRESS		2.3 STREET ADDRESS	5635 Turtle Bay Dr #2
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S Mary Krause
STREET ADDRESS		3.3 STREET ADDRESS	5637 Turtle Bay #15
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Sydney Kern
STREET ADDRESS		4.3 STREET ADDRESS	5635 Turtle Bay #12
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Arthur Pennetta
STREET ADDRESS		5.3 STREET ADDRESS	5635 Turtle Bay Dr #9
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] Date **4/30/99** Daytime Phone # _____

CR2E037 (11/98)