

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # N31388

1. Entity Name
ST. SIMONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
C/O R & P PROP MGMT 265 AIRPORT RD S NAPLES 34104	FL	C/O R & P PROP MGMT 265 AIRPORT RD S NAPLES 34104	FL
US		US	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2941002	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R&P PROPTY MGT
 265 AIRPORT RD S
 NAPLES FL
 34104 US

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **04/30/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	KRAUSE MARY
STREET ADDRESS	5637 TURTLE BAY DR #15
CITY-ST-ZIP	NAPLES FL
TITLE	P <input type="checkbox"/> Delete
NAME	FERRARI ANTHONY
STREET ADDRESS	5637 TURTLE BAY DR #22
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input type="checkbox"/> Delete
NAME	JEFFRIES DEEDEE
STREET ADDRESS	5635 TURTLE BAY DR 2
CITY-ST-ZIP	NAPLES FL 34106
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	WHITE RAYMOND
STREET ADDRESS	5633 TURTLE BAY DR. #31
CITY-ST-ZIP	NAPLES FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	MCDONALD PORT
STREET ADDRESS	5633 TURTLE BAY, DR 28
CITY-ST-ZIP	NAPLES FL 34105
TITLE	D <input type="checkbox"/> Delete
NAME	CHEVILLET, WALTER
STREET ADDRESS	5637 TURTLE BAY DR #19
CITY-ST-ZIP	NAPLES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ARTHUR PENNETTA
STREET ADDRESS	5635 TURTLE BAY, DR 9
CITY-ST-ZIP	NAPLES FL 34105
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD KERN SYDNEY
STREET ADDRESS	5635 TURTLE BAY DR #12
CITY-ST-ZIP	NAPLES FL 34108

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.