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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32413 (9)

1. Corporation Name

RECREATION FACILITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

745 12TH AVE S.  
SUITE D  
NAPLES FL 33940  
US745 12TH AVE S.  
SUITE D  
NAPLES FL 34102-7376  
US3. Date Incorporated or Qualified  
05/18/19893a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0120425

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE PROPERTY MANAGEMENT  
745 12TH AVE S.  
SUITE D  
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE  
NAME BIRK, JONATHAN  
STREET ADDRESS 4024 CRAYTON RD  
CITY - ST - ZIP NAPLES FL1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME AL Pischke  
1.3 STREET ADDRESS 4028 Crayton Road  
1.4 CITY - ST - ZIP Naples, FL 34103TITLE PD ☐ DELETE  
NAME GAGNON, EDWARD  
STREET ADDRESS 4854 CRAYTON RD  
CITY - ST - ZIP NAPLES FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Phyllis Shonfield  
2.3 STREET ADDRESS 555 Park Shore Dr.  
2.4 CITY - ST - ZIP Naples, FL 34103TITLE SD ☐ DELETE  
NAME M. WALTERS  
STREET ADDRESS 4034 CRAYTON RD  
CITY - ST - ZIP NAPLES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE TD ☒ DELETE  
NAME BIRK, JONATHAN  
STREET ADDRESS 555 PARKSHORE DR  
CITY - ST - ZIP NAPLES FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME PEG DAVITT  
STREET ADDRESS 555 PARK SHORE DR  
CITY - ST - ZIP NAPLES FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE VPD ☐ DELETE  
NAME JAMES COOK  
STREET ADDRESS 555 PARK SHORE DR  
CITY - ST - ZIP NAPLES FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-262-5051

CR2E037 (9/96)