


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 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
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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 US	745 12TH AVE S. SUITE D NAPLES FL 33940 US

3. Date Incorporated or Qualified

05/18/1989

4. FEI Number

65-0120425

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

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

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PISCHKE, AL	
STREET ADDRESS	4028 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAGNON, EDWARD	
STREET ADDRESS	4854 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	M. WALTERS	
STREET ADDRESS	4034 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHONFIELD, PHYLLIS	
STREET ADDRESS	555 PARK SHORE DR	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEG DAVITT	
STREET ADDRESS	555 PARK SHORE DR	
CITY-ST-ZIP	NAPLES FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	JAMES COOK	
STREET ADDRESS	555 PARK SHORE DR	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Sebring	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Lukas	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Deniel	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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:

CR2E037 (10/97)