

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

00 MAR 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38962

1. Corporation Name

NAPIER 3A HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 140161
C/O SANDRA SONTAG
GAINESVILLE FL 32614
US

Mailing Address

P O BOX 140161
C/O SANDRA SONTAG
GAINESVILLE FL 32614
US



REINSTATEMENT

09-00

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
06/29/1990

4. FEI Number
59-3108655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WIDENHOUSE, CHRIS W
2823 SW 40TH AVENUE
#A-100
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name MORGAN, Mitch
82 Street Address (P.O. Box Number is Not Acceptable)
2837 SW 40th PL
83
84 City GAINESVILLE FL 85 Zip Code 32608

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WIDENHOUSE, CHRIS W	
STREET ADDRESS	2823 SW 40TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORGAN, MITCH	
STREET ADDRESS	2837 SW 40TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUMPHREY, JOHN	
STREET ADDRESS	2857 S W 40TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THEUNISSEN, MICHELE	
STREET ADDRESS	2825 SW 40TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARTZEL, JON	
STREET ADDRESS	4013 SW 28TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	DEESE, DAWN	
STREET ADDRESS	2954 S W 40TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7000003195037--4
1.3 STREET ADDRESS	-04/04/00--01060--009
1.4 CITY-ST-ZIP	*****236.25 *****236.25
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	9000003195039--8
3.3 STREET ADDRESS	-04/04/00--01060--010
3.4 CITY-ST-ZIP	*****61.25 *****61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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, with all other like empowered.

SIGNATURE: *Widenhouse* SIGNATURE: *Mitch Morgan* 9/30/99 352-377-3941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

0011750