

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41604

1. Entity Name

THE MEWS OF NAPLES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3725 MACHEL LANE  
NAPLES FL 34103  
US

Mailing Address

3725 MACHEL LANE  
NAPLES FL 34103  
US

2. Principal Place of Business

3725 Rachel Lane

Suite, Apt. #, etc.

3. Mailing Address

3725 Rachel Lane

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

65-0261289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONGE, THOMAS J  
3725 MACHEL LANE  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Longe, Thomas J

Street Address (P.O. Box Number is Not Acceptable)

3725 Rachel Lane

City

Naples

FL

Zip

34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/01

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 DV ☐ Delete  
NAME THOMAS, LONGE J  
STREET ADDRESS 3725 MACHEL LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE S ☐ Delete  
NAME MCARTHUR, MARTHA  
STREET ADDRESS 3710 MACHEL LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE T ☐ Delete  
NAME LONGE, LAURIE  
STREET ADDRESS 3725 RACHEL LN  
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☐ Delete  
NAME WARE, JACK  
STREET ADDRESS 3736 MACHEL LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE PD ☐ Delete  
NAME MANCUSO, EDWIN  
STREET ADDRESS 3721 RACHEL LANE  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME 3725 Rachel Lane  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 3710 Rachel Lane  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

5/8/01 9912631678

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90026 007 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)