

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43956

(4)

1. Corporation Name

PROPERTY OWNERS OF NAPLES PARK, INC.



Principal Place of Business

Mailing Address

% MORTENSEN
598 82ND AVENUE N.
NAPLES FL 33963

PO BOX 630037
NAPLES FL 33963
US

3. Date Incorporated or Qualified
06/17/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0288385

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLAUM, MANNING
696 98TH AVE N.
NAPLES FL 33963

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 **DP** ☐ DELETE
NAME **MOGILVRA, DOUGLAS**
STREET ADDRESS **600 94TH AVE N.**
CITY-ST-ZIP **NAPLES FL**

TITLE **DT** ☐ DELETE
NAME **LUCCI, PAT**
STREET ADDRESS **603 94TH AVE N.**
CITY-ST-ZIP **NAPLES FL**

TITLE **DS** ☐ DELETE
NAME **NEWMAN, LUE**
STREET ADDRESS **639 94 AVE. N.**
CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☐ DELETE
NAME **MANNING, FLAUM**
STREET ADDRESS **696 98TH AVE. N.**
CITY-ST-ZIP **NAPLES FL**

TITLE **VP** ☐ DELETE
NAME **MILLER, JUDY**
STREET ADDRESS **737 N 103RD AVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☐ DELETE
NAME **RENNE, SANDA**
STREET ADDRESS **580 N 7TH AVE**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **VERA FITZ-GERALD**
1.3 STREET ADDRESS **630 107TH AVE. N**
1.4 CITY-ST-ZIP **NAPLES FL 33963**

2.1 TITLE **DT** ☒ Change ☐ Addition
2.2 NAME **LORETTA LELEUX**
2.3 STREET ADDRESS **800 104TH AVE N**
2.4 CITY-ST-ZIP **NAPLES FL 33963**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **none**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **DV** ☒ Change ☐ Addition
4.2 NAME **none**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **SANDRA RENNE**
5.3 STREET ADDRESS **580 N 7TH AVE**
5.4 CITY-ST-ZIP **NAPLES FL 33963**

6.1 TITLE **P** ☒ Change ☐ Addition
6.2 NAME **none**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Loretta Leleux, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96
Date

941-591-8071
Daytime Phone #

CR2E037 (12/95)