

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43956 (4)
1. Corporation Name
PROPERTY OWNERS OF NAPLES PARK, INC.

Principal Place of Business Mailing Address
% MORTENSEN PO BOX 630037
598 92ND AVENUE N. NAPLES FL 33963
NAPLES FL 33963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 05/14/1996
4. FEI Number 65-0288385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 90 LELEUX Suite, Apt. #, etc. 22 800 104th AVE N City & State 23 NAPLES, FL Zip 24 34108	2a. Mailing Address 25 P.O. BOX 420012 Suite, Apt. #, etc. 27 City & State 28 NAPLES, FL Zip 29 34110-0001	Country 30 COLLIER
---	---	-----------------------

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, KAREN K
4456 KATE GREEN RD
OLD TOWN FL 32680

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	<input type="checkbox"/> DELETE
NAME	VERA FITZGERALD	
STREET ADDRESS	630 107TH AVENUE, N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LORETTA LELEUX	
STREET ADDRESS	800 104TH AVENUE, N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, LUE	
STREET ADDRESS	639 94 AVE. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MANNING, FLAUM	
STREET ADDRESS	698 98TH AVE, N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SANDRA RENNE	
STREET ADDRESS	580 N 7TH AVENUE	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> 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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vera Fitzgerald	
1.3 STREET ADDRESS	630 107th Ave N.	
1.4 CITY-ST-ZIP	Naples, FL 34108	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Loretta Leleux	
2.3 STREET ADDRESS	800 104th Ave N	
2.4 CITY-ST-ZIP	Naples FL 34108	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LORENE WOOD	
3.3 STREET ADDRESS	648 92ND AVENUE	
3.4 CITY-ST-ZIP	NAPLES FL 34108	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM ADAM	
4.3 STREET ADDRESS	565 93RD AVENUE	
4.4 CITY-ST-ZIP	NAPLES - FL 34108	
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 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.

LORETTA LELEUX
SIGNATURE REQUIRED

8/2/97 (104)591-8071

CR2E037 (4/97)