

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90160 037 ****61.25

DOCUMENT # N43956

1. Corporation Name

PROPERTY OWNERS OF NAPLES PARK, INC.

Principal Place of Business

C/O LELEUX
800 104TH AVE. N.
NAPLES FL 34108

Mailing Address

P.O. BOX 420012
NAPLES FL 34110-0001
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

06/17/1991

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **VERA FITZGERALD**
CITY-ST-ZIP **630 107TH AVENUE, N.**
NAPLES FL 34108

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **LORETTA LELEUX**
CITY-ST-ZIP **800 104TH AVENUE, N.**
NAPLES FL 34108

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **WOOD, LORENE**
CITY-ST-ZIP **648 92ND AVENUE**
NAPLES FL 34108

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP *same*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS *same*
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DV**
3.3 STREET ADDRESS **WOOD, LORENE**
3.4 CITY-ST-ZIP **648 92nd AVE**
NAPLES, FL 34108

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **MOZZER, TOM**
4.4 CITY-ST-ZIP **823 108th AVE**
NAPLES, FL 34108

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DV**
5.3 STREET ADDRESS **LAUFER, GREG**
5.4 CITY-ST-ZIP **818 108th AVE**
NAPLES, FL 34108

6.1 TITLE ☐ Change ☐ 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: **LORETTA LELEUX** REC *Loretta Leleux* 2/24/99 (941) 591-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

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