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FILED  
Mar 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N45432 (4)

1. Corporation Name

NAPLES AREA APARTMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3880 11TH AVENUE S.W.  
NAPLES FL 33964

3880 11TH AVENUE S.W.  
NAPLES FL 34117-4140

3. Date Incorporated or Qualified  
10/03/1991

3a. Date of Last Report  
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip  
34117

25 Country

28 Zip

30 Country

4. FEI Number

65-0296321

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARDUE, JAN  
3880 11TH AVENUE S.W.  
NAPLES FL 33964

81 Name

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

83

84 City

FL

85 Zip Code  
34117

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 *Janet L. Pardue*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HORTON, JANE A  
STREET ADDRESS P.O. BOX 1533 N/A  
CITY-ST-ZIP NAPLES FL 33939 ☐ DELETE

1.1 TITLE P  
1.2 NAME SHARON MURPHY ☒ Change ☐ Addition  
1.3 STREET ADDRESS 2745 WILD PINES LANE # 519  
1.4 CITY-ST-ZIP NAPLES FL 34112

TITLE VP  
NAME STEIN, LORI  
STREET ADDRESS 1901 ROOKERY BAY DRIVE  
CITY-ST-ZIP NAPLES FL 33964 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 800 LAUREL OAK DRIVE #303  
2.4 CITY-ST-ZIP 34108

TITLE ST  
NAME SIMPSON, DONNA  
STREET ADDRESS 7701 DAVID BLVD  
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 34116

TITLE D  
NAME BARTON, PATRICIA  
STREET ADDRESS 2000 RIVER REACH DRIVE  
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 34104

TITLE D  
NAME MENELEY, ROBERT  
STREET ADDRESS 5430 YAHN STREET  
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 34104

TITLE D  
NAME MIHALIC, GREG  
STREET ADDRESS 2800 NORTH HORSESHOE DR.  
CITY-ST-ZIP NAPLES FL 33942 ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 34104

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.

CR2E037 (9/96)