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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33964

2. Principal Place of Business	2a. Mailing Address
21 100 LAUREL RIDGE LANE Suite, Apt. #, etc.	26 PO Box 990028 Suite, Apt. #, etc.
22 City & State 23 NAPLES FL	27 City & State 28 NAPLES FL
24 34116 25 USA	29 34116 30 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
10/03/1991	65-0296321	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is this nonprofit corporation a homeowners association?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
PARDUE, JAN 3880 11TH AVENUE S.W. NAPLES FL 33964

10. Name and Address of New Registered Agent
81 Name ANGELA EDISON
82 Street Address (P.O. Box Number is Not Acceptable) 100 LAUREL RIDGE LANE
83
84 City NAPLES FL
85 Zip Code 34116

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	SHARON MURPHY	1.2 NAME	ANGELA EDISON
STREET ADDRESS	2745 WILD PINES LANE 519	1.3 STREET ADDRESS	100 LAUREL RIDGE LN
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES FL 34116
TITLE	VP	2.1 TITLE	VICE PRESIDENT
NAME	STEIN, LORI	2.2 NAME	SHARON MURPHY
STREET ADDRESS	800 LAUREL OAK DR 303	2.3 STREET ADDRESS	2745 WILD PINES LANE #519
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	NAPLES FL 34112
TITLE	S	3.1 TITLE	SECRETARY
NAME	SIMPSON, DONNA	3.2 NAME	RACHEL AMADORE
STREET ADDRESS	7701 DAVID BLVD	3.3 STREET ADDRESS	4500 BAYSHORE DRIVE
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	NAPLES FL 34112
TITLE	D	4.1 TITLE	TREASURER
NAME	BARTON, PATRICIA	4.2 NAME	SANDRA FRIEDRICH
STREET ADDRESS	2000 RIVER REACH DRIVE	4.3 STREET ADDRESS	145 SANTA CLARA DRIVE
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	NAPLES FL 34104
TITLE	D	5.1 TITLE	DIRECTOR
NAME	MENELEY, ROBERT	5.2 NAME	SUSAN HILL
STREET ADDRESS	5430 YAHIL STREET	5.3 STREET ADDRESS	105 MANOR BLVD.
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	NAPLES FL 34104
TITLE	D	6.1 TITLE	DIRECTOR
NAME	MIHALIC, GREG	6.2 NAME	ROBIN ASHMORE
STREET ADDRESS	2800 NORTH HORSESHOE DR.	6.3 STREET ADDRESS	2998 S. DE LEON AVE
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	FT. MYERS FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 140.07(3)(l), 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: *Sharon K. Murphy* VICE PRESIDENT 4/23/98 (941) 793-7555

CR2E037 (10/97)