

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45432

1. Corporation Name

NAPLES AREA APARTMENT ASSOCIATION, INC.

Principal Place of Business

100 LAUREL RIDGE LANE
NAPLES FL 34116
US

Mailing Address

P. O. BOX 990028
NAPLES FL 34116
US

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90119 005 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/03/1991

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

9. Name and Address of Current Registered Agent

EDISON, ANGELA
100 LAUREL RIDGE LANE
NAPLES FL 34116

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 VP ☒ DELETE
NAME MURPHY, SHARON
STREET ADDRESS 2745 WILD PINES LANE #519
CITY-ST-ZIP NAPLES FL 34112

TITLE P ☐ DELETE
NAME EDISON, ANGELA
STREET ADDRESS 100 LAUREL RIDGE LANE
CITY-ST-ZIP NAPLES FL 34116

TITLE S ☒ DELETE
NAME AMADORE, RACHEL
STREET ADDRESS 4500 BAYSHORE DR
CITY-ST-ZIP NAPLES FL 34112

TITLE T ☒ DELETE
NAME FRIEDRICH, SANDRA
STREET ADDRESS 145 SANTA CLARA DR
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☒ DELETE
NAME HILL, SUSAN
STREET ADDRESS 105 MANOR BLVD
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☒ DELETE
NAME ASHMORE, ROBIN
STREET ADDRESS 2992 S DE LEON AVE
CITY-ST-ZIP FT. MYERS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☒ Change ☒ Addition
1.2 NAME TRISH BARTON
1.3 STREET ADDRESS 2000 RIVER REACH DRIVE
1.4 CITY-ST-ZIP NAPLES FL 34104

2.1 TITLE Mary Genzale ☒ Change ☐ Addition
2.2 NAME 1600 Wellesley Circle
2.3 STREET ADDRESS Naples, FL 34116
2.4 CITY-ST-ZIP

3.1 TITLE DONNA LANGFORD, SEC ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2000 RIVER REACH DRIVE
3.4 CITY-ST-ZIP NAPLES FL 34104

4.1 TITLE Jacqui Sullivan ☒ Change ☒ Addition
4.2 NAME 7701 Davis Blvd
4.3 STREET ADDRESS Naples, FL 34116
4.4 CITY-ST-ZIP

5.1 TITLE Kathi STERN ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS 130 10TH ST NE
5.4 CITY-ST-ZIP NAPLES FL 34120

6.1 TITLE Debbie Gregory Cabana ☒ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS 950 Goodlette Road treasurer
6.4 CITY-ST-ZIP Naples, FL 34104

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/99 (941) 657-2272

CR2E037 (11/98)