

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90227 003 \*\*\*\*61.25

**DOCUMENT # N45432**

1. Entity Name

**NAPLES AREA APARTMENT ASSOCIATION, INC.**

Principal Place of Business

**4300 ATOL COURT  
 NAPLES FL 34116  
 US**

Mailing Address

**P. O. BOX 990028  
 NAPLES FL 34116  
 US**

2. Principal Place of Business

**5300 Hemingway Lane**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Naples, Florida**

City & State

Zip

Country

**34116**

Country

**Collier**

4. FEI Number

**65-0296321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, COLLEEN  
 4300 ATOL COURT  
 NAPLES FL 34116**

7. Name and Address of New Registered Agent

Name

**LANGFORD, DONNA**

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

**5300 HEMINGWAY LANE**

City

**NAPLES**

FL

Zip Code

**34116**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Donna Langford*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/01**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARTON, TRISH	
STREET ADDRESS	2000 RIVER REACH ERIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDISON, ANGELA	
STREET ADDRESS	100 LAUREL RIDGE LANE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGFORD, DONNA	
STREET ADDRESS	2000 RIVER REACH DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JACQUI	
STREET ADDRESS	7701 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STERN, KATHI	
STREET ADDRESS	130 10TH ST NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CABANA, DEBBIE G	
STREET ADDRESS	950 GOODLETTE ROAD	
CITY-ST-ZIP	NAPLES FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sofia Altamirano-Hale	
STREET ADDRESS	2155 Great Blue Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Weber	
STREET ADDRESS	1130 Turtle Creek Blvd	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Rassi	
STREET ADDRESS	2319 J4C Blvd.	
CITY-ST-ZIP	Naples, Florida 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie NAZARIO	
STREET ADDRESS	100 Ospreys Landing	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Brandt	
STREET ADDRESS	5301 Summerwind Drive	
CITY-ST-ZIP	Naples, FL 34109	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sofia Altamirano-Hale*

CR2E037 (10/00)