


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90716 007 \*\*\*\*61.25

<b>DOCUMENT # N45432</b> 1. Entity Name NAPLES AREA APARTMENT ASSOCIATION, INC.					
Principal Place of Business 5300 HEMINGWAY LANE NAPLES, FL 34116 US			Mailing Address P. O. BOX 990028 NAPLES, FL 34116 US		
2. Principal Place of Business <i>130 10th St NE</i>		3. Mailing Address <i>P.O. Box 990028</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>NAPLES FL</i>		City & State <i>NAPLES FL</i>		4. FEI Number 65-0296321	
Zip <i>34120</i>		Country <i>US</i>		Applied For Not Applicable	
Zip <i>34120</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent LANGFORD, DONNA 5300 HEMINGWAY LANE NAPLES, FL 34116					
7. Name and Address of New Registered Agent Name <i>Colleen Fernandez</i> Street Address (P.O. Box Number is Not Acceptable) <i>4300 ATOU COURT</i> City <i>NAPLES</i> FL Zip Code <i>34116</i>					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Colleen Fernandez</i> DATE <i>4/28/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDISON, ANGELA 237 AIRPORT RD. S NAPLES, FL 34104 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGFORD, DONNA 5300 HEMINGWAY LANE NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, MARY 701 CRICKET LAKE DR. NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZARIO, ANGIE 100 OSPREYS LANDING NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, PAM 5301 SUMMERWIND DRIVE NAPLES, FL 34109 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
P COLLEEN FERNANDEZ 4300 ATOU COURT NAPLES, FL 34116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Secretary RICHARD BROOK 9310 MARION CIRCLE # 202 NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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: <i>Colleen Fernandez</i> DATE: <i>4/28/04</i> DAYTIME PHONE: <i>239 455-8888</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					