2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

pelloon

SIGNATURE: _

Jul 14, 2005 8:00 am **Secretary of State** DOCUMENT # N45432 1. Entity Name 07-14-2005 90075 045 ****61.25 NAPLES AREA APARTMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 130 10TH ST NE PO BOX 990028 NAPLES, FL 34120 NAPLES, FL 34116 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05302005 Cha-NP CR2E037 (10/03) 4. FEI Number 65-0296321 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, COLLEEN 4300 ATOLL COURT Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34116 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE VICE President ☐ Change Delete Addition EDISON, ANGELA NAME NAME Donnalan emineway LANE STREET ADDRESS 237 AIRPORT RD. S STREET ADDRESS 5300 Hotto CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE FERNANDEZ, COLLEEN NAME NAME STREET ADORESS 4300 ATOLL COURT STREET ADDRESS CITY-ST-ZIF NAPLES, FL 34116 CITY-ST-7IP Delete TITLE TREASURA ☐ Change BRANDT, PAM NAME NAME 5301 SUMMERWIND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP MIAM TITLE TITLE ∫**∑** Delete 52C54416 Addition 2 GROVER, RICHARD NAME 9310 MARION CIRCLE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; that I am an officer or director of the corporation or the receiver or/fustee 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.

FILED