

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90089 043 \*\*\*\*61.25

**DOCUMENT # N45432**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0296321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGFORD, DONNA  
5300 HEMINGWAY LANE  
NAPLES FL 34116**

Name

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

City

**FL**

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

**4.29-03**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALTAMIRANO-HALE, SOFIA	
STREET ADDRESS	2155 GREAT BLUE DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBER, MARK	
STREET ADDRESS	1130 TRTLE CREEK BLVD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	P	<input type="checkbox"/> Delete
NAME	LANGFORD, DONNA	
STREET ADDRESS	2000 RIVER REACH DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASSI, MARK	
STREET ADDRESS	2319 J&C BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAZARIO, ANGIE	
STREET ADDRESS	100 OSPREYS LANDING	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, PAM	
STREET ADDRESS	5301 SUMMERWIND DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Edison	
STREET ADDRESS	237 Airport Rd S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P. Langford, Donna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5300 Hemingway Lane	
STREET ADDRESS	Naples, FL	
CITY-ST-ZIP	34116	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Hayes	
STREET ADDRESS	701 Cricket Lake Dr.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

**SIGNATURE REQUIRED**

**4.29-03**

CR2E037 (10/02)