


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001751 (7)**

1. Corporation Name

**KEEWAYDIN INSTITUTE, INC.**

Principal Place of Business

Mailing Address

**3150 GREEN DOLPHIN LANE  
NAPLES FL 33940  
US**

**3150 GREEN DOLPHIN LANE  
NAPLES FL 33940  
US**

3. Date Incorporated or Qualified

**04/19/1993**

4. FEI Number

**65-0416873**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, CONROY  
-975 8TH AVENUE SOUTH  
NAPLES FL 33940-**

**81** Name

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

**3838 Tamiami Trail North Suite 402**

**83**

**84** City **Naples,**

**FL**

**85** Zip Code  
**34103**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **DRACKETT, BOLTON S**  
STREET ADDRESS **3150 GREEN DOLPHIN LN**  
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **OV** ☐ DELETE  
NAME **OTT, R. C**  
STREET ADDRESS **1784 ALAMANDA DR**  
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCCABE, CHARLES L**  
STREET ADDRESS **455 15TH AVE SOUTH**  
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LYTTON, GARY**  
STREET ADDRESS **10 SHELL RD**  
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **OTT, BARRETT C**  
STREET ADDRESS **375 8TH AVE SOUTH, APT. B**  
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LONCE, PATRICK**  
STREET ADDRESS **850 PARK SHORE DRIVE #203**  
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* **DRACKETT, BOLTON S**

04/15/98

(941) 403-7335

CR2E037 (1097)