SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG 17 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003847 (1)

1. Corporation Name

AIRPORT ROAD SUBDIVISION PROPERTY OWNERS ASSOCIA TION, INC.

Mailing Address
~~531 FIFTH AVE S~~
~~NAPLES FL 33940~~

Principal Place of Business
~~531 FIFTH AVE S~~
~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report:

2. Mailing Address	2a. Principal Place of Business
21 5455 Tamiami Tr. N.	26 5455 Tamiami Tr. N.
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 33963 Country 25 Collier	Zip 29 33963 Country 30 Collier

4. FEI Number: applied for ☐ Applied For ☐ Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT RICHARD C
5551 RIDGEWOOD DR
SUITE 501
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — DATE (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS INFO	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	DEANE ANDREA S	1.2 NAME	
1.3 STREET ADDRESS	~~531 FIFTH AVE S~~	1.3 STREET ADDRESS	5455 Tamiami Tr. N. suite 500
1.4 CITY-ST-ZIP	NAPLES FL ~~33940~~	1.4 CITY-ST-ZIP	Naples, Fl. 33963
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	SPIL SAMUEL	2.2 NAME	
2.3 STREET ADDRESS	531 FIFTH AVE S	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
3.1 TITLE	D	3.1 TITLE	
3.2 NAME	ATHAN G H	3.2 NAME	
3.3 STREET ADDRESS	5551 RIDGEWOOD DR SUITE 501	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	
4.1 TITLE	D	4.1 TITLE	
4.2 NAME	BLACK J H	4.2 NAME	
4.3 STREET ADDRESS	4001 TAMIAMI TRAIL N SUITE 300	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	NAPLES FL 33940-8703	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 607 or 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: Andrea Deane — 8/10/94 813-592-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR