FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003847 (1)**

1. Corporation Name

AIRPORT ROAD SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5455 TAMIAMI TRAIL, NORTH SUITE 500 NAPLES FL 33963 US	5455 TAMIAMI TRAIL, NORTH SUITE 500 NAPLES FL 33963 US

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 06/20/1994
4. FEI Number: APPLIED FOR 65-0441075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 800 Seagate Drive	26 800 Seagate Drive
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 33940	Country 25 US
	Zip 29 33940
	Country 30 US

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 ☐ **$68.75** Supplemental Fee Not Required
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): 5801 Pelican Bay Blvd.
83 Suite 400
84 City: Naples FL 85 Zip Code: 33963

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEANE, ANDREA S	12 NAME	
STREET ADDRESS	5455 TAMIAMI TRAIL NORTH, SUITE 500	13 STREET ADDRESS	800 Seagate Drive Suite 201
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	Naples FL 33940
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SPIL, SAMUEL	22 NAME	
STREET ADDRESS	531 FIFTH AVE S	23 STREET ADDRESS	680 Goodlette Road N. 102
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	Naples FL 33940
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ATHAN, G H	32 NAME	
STREET ADDRESS	5551 RIDGEWOOD DR SUITE 501	33 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33963	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLACK, J H	42 NAME	
STREET ADDRESS	4001 TAMIAMI TRAIL N SUITE 300	43 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33940-8703	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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(3)(k), 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 above or on an attachment with an address.

SIGNATURE: Andrea Deane 4/27/95 813 262 8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017601