

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000001273 (1)

1. Corporation Name

PARK NORTH OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10265 N TAMiami TR
#7
NAPLES FL 33963

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#7
NAPLES FL 33963

APPROVED
AND
FILED

95 APR 28 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report

4. FEI Number

65-0482526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5200 N. Tamiami Trail

26 5200 N. Tamiami Trail

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Naples FL

28 Naples FL

24 Zip Country

29 Zip Country

24 33940

29 33940

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

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN C
800 LAUREL OAK DR
SUITE 400
NAPLES FL 33963

81 Name

Perry C. Peoples

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

800 Laurel Oak Dr

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

Perry C. Peoples
Signature, typed or printed name of registered agent and title if applicable

Perry C. Peoples

(NOTE: Registered Agent signature required when re-registering)

DATE

4/21/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWALLEN, PHILLIP
110 DOMINICA LN
BONITA SPRINGS FL 33923

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BERNIER, RAYMOND P
477 DEVILS LN
NAPLES FL 33940

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JENSEN, CLARK D
641 HICKORY RD
NAPLES FL 33963

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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, unchanged, or on an attachment with an address.

SIGNATURE:

Phillip Lewallen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

(P13) 643-4474

Date

Telephone #