FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



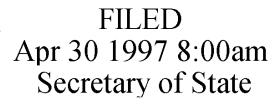
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N96000001275 (4)



Principal Place o	DA CUVE NEIGHBURNU						
	Mailing Address	Mailing Address 26280 MIRA WAY BONITA SPRINGS FL 34134-1637		a tonation ato tolib alilit deli) and	.	8)1 1899) VIII 1981	
26290 MIRA WAY BONITA SPRINGS FL 33923							
					3. Date Incorporated or Qualified 03/07/1996	3a. Date of Last	Report
. Principal Plac	ce of Business	2a. Mailing Address	····		4. FEI Number		Applied For
		26 1044 Cas	tello	Drive	59-1967835		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 206		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.0	O May Be
		Naples,			Trust Fund Contribution		d to Fees
Zip 1	Country	Zip	Cou	•	8. This corporation has liability for i		s. 199.032,
<u> </u>	9. Name and Address of Curre	29 34103	J 08	ISA	Florida Statutes 10. Name and Address of New Re	Yes No	
	9. Name and Address of Curre	ant negistered Agent		81 Name .			
DEEDI EA	0 0F00V			South	west Property Man	agement	
PEEPLES, C. PERRY				82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
800 LAUREL OAK DR, SUITE 400				B3 1044	Castello Drive		
NAPLES F	FL 33963		j	" Suite	206		
				84 City Naple	_	85 Zij	p Code 103
				Марте	18	FL 34	1103
IGNATURE	gnature, yiped or printed name of registered a	lièm :	STEPHE	N E. WIL I Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep LUANS ired when reinstating) ADDITIONS/CHANGES TO OFFICE	4/7/97 PATE	
rle	D OFFICENS A	DELETE	1.1 TI	1 E	ADDITIONS/CHANGES TO OFFIC	Change	
AME	RUBINTON, JON		1.2 N/				, <u>[</u> , 100
REET ADDRESS	800 LAUREL OAK DRIVE, S	SUITE 400		REET ADDRESS			
TY-SI-ZIP	NAPLES FL 33963	75112 100		TY-ST-ZIP			
TLE	D	DELETE				Change	e 🔲 Additio
AME	RUBINTON, GEORGE		2.2 N/	ľ		,	, , , , , , , , , , , , , , , , , , , ,
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TLE	D	DELETE				☐ Change	e 🔲 Additio
AME	GARLICK, THOMAS		3.2 N/	IME .		·	
TREET ADDRESS	800 LAUREL OAK DR, SUI	TE 400	3.3 ST	REET ADDRESS			
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AME			4.2 N	AME			
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TY-ST-7IP			5.2 N	AME		•	e L Additio
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HTY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ DELEVE	5.3 S1 5.4 CI	REET ADDRESS TY-\$T-ZIP		Change	
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ATY-SI-ZIP ILE AME TREET ADDRESS ITY-SI-ZIP ILE		DELEYE	5.3 ST 5.4 CI 8.1 TI 6.2 N	REET ADDRESS TY-\$T-ZIP TLE		Change	

I do 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.