

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N96000002022 (9)**

1. Corporation Name

CITIZENS FOR CONTROL OF AIRPORT NOISE, INC.

Principal Place of Business

Mailing Address

**1986 FOURTH STREET SOUTH
NAPLES FL 34102
US**

**POST OFFICE BOX 2111
NAPLES FL 33909-2111**



3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0661990

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 559 15th Avenue South

26 Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naples, FL

28

Zip Country

Zip Country

24 34 102

25 US

29 34 106-2111

30

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

**GREGORY, C. NEIL
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 33940**

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 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 ☐ DELETE
NAME **D COYLE, FRED**
STREET ADDRESS **1986 FOURTH STREET SOUTH**
CITY-ST-ZIP **NAPLES FL 33940**

1.1 TITLE **EMERITUS** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **34 102**

TITLE ☐ DELETE
NAME **D BUSCH, BILL**
STREET ADDRESS **589 15TH AVENUE SOUTH**
CITY-ST-ZIP **NAPLES FL 33940**

2.1 TITLE **P/T** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34 102**

TITLE ☐ DELETE
NAME **D OPPENHEIM, AL**
STREET ADDRESS **1100 8TH AVENUE SOUTH, APT. 229K**
CITY-ST-ZIP **NAPLES FL 33940**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **34 102**

TITLE ☐ DELETE
NAME **D SOULARD, RON**
STREET ADDRESS **1595 AVION PLACE**
CITY-ST-ZIP **NAPLES FL 33940**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **34 104**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **V SAM WILSON**
5.3 STREET ADDRESS **1165 Clam Court, Apt. 10**
5.4 CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D RICHARD COBB**
6.3 STREET ADDRESS **930 18th Ave. South**
6.4 CITY-ST-ZIP **Naples, FL 34102**

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:

Bill Busch

3-10-98

941-263-0927

CP2E037 (10/97)