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 #

N96000004206 (6)

CLASSIC & ANTIQUE RESTORERS SQUARE II ("CARS II") CONDOMINIUM ASSOCIATION, INC.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED Jun 06 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address		-	
4685 PROGRESS AVENUE #3 H365 PROGRESS AVENU NAPLES FL 33932 HAPLES FL 34104-/012		rs .			
	_	_		3. Date Incorporated or Qualified 08/12/1996	3a. Date of Las Report
	lace a Business A DIAD (att Sa	MC26 HAND CO	100 rate Son	4. FEI Nymber - 0688310	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	X	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	es FC	28 Maples		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3410	34 25 USA	29 34/04 3	Country 10 USA	This corporation has liability for Florida Statutes	intangible tex under s. 199.032, ☐ Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Re	gistered Agent
4001 TAMIAMI TRAIL NURTH #300			82 3 9 6 6 8 83	AM Newell AP Box Number is Not Accepted AP OF POTATE	Square
dd Dimensi		0000 and 017 1000 Flyida Statuta	184 / Vap	les_	FL 85 34104
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 algent of both, in the State of Florida. Such change was extherized 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 517.0503, Florida Statutes.					
SIGNATURE	Signature, typed a pinted name of registered		Bygistered Agent signature requir		5/20/9") DATE
12.	OFFICERS A	AND DIRECTORS	13.	, ADDITIONS/C	CERS AND DIRECTORS IN
TITLE		DELETE	1.1 TITLE		CERS AND DIRECTORS IN Change 1 Julion
NAME			1.2 NAME	2000 Lams I	
STREET ADDRESS			1.3 STREET ADDRESS	399 (SUITSHI)	Change Addition
CITY-ST-ZIP			1.4 CITY-ST-ZIP	10/65 FC 340	23
TITLE		DELETE	2.1 TITLE		Change Addition O
NAME			2.2 NAME		·
STREET ADDRESS			2.3 STREET ADDRE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP	·		2.4 CITY+ST-ZIP		ルーン し
TITLE	Ę	DELETE	3.1 TITLE	$T = T \cap T$	Change Addition
NAME	• •		3.2 NAME A	IEN, Konertal	
STREET ADDRESS			3.3 STREET ADDRESS	0 4021 Towl+31	Tare HVOLIV
CITY-ST-ZIP			3.4. CITY-ST-ZIP	antes to 201x	2
TITLE		DELETE	4.5 TITLE	7 103 7 - 2116	Change A Addition

6.4 CITY-ST-ZIP 14. 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 of sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

appears in Block 12 or

Change

Addition