

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001144**

1. Entity Name

NAPLES ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**400 PALM HAVEN BLVD
NAPLES FL 34112**

Mailing Address

**244 GLENWOOD LN
NAPLES FL 34112
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

53-4163266

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Colling, Lee J Esq.

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

1920 E. Robinson St.**Orlando, Fl. 32803**

City

FL

Zip Code

**COLLING, LEE J ESQ.
500 NORTH MAITLAND AVE.
SUITE 203
MAITLAND FL 32751**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KUJAWA, CAROL	
STREET ADDRESS	206 FOXWOOD LN	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, BARBARA	
STREET ADDRESS	344 IVYWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PICA, RALPH	
STREET ADDRESS	514 NETTLEWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINETTE, LILA	
STREET ADDRESS	244 GLENWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, ROMAINE	
STREET ADDRESS	196 ELMWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	D	<input type="checkbox"/> Delete
NAME	DARLEY, MORRIS	
STREET ADDRESS	184 ELMWOOD	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Malamphy	
STREET ADDRESS	91 Cottonwood Ln.	
CITY-ST-ZIP	Naples, FL 34112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Wyatt	
STREET ADDRESS	445 Laurelwood Ln.	
CITY-ST-ZIP	Naples, FL 34112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BARBARA BROWN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (941) 774-1193

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1A Hachment
BDO 7069

2001 Uniform Business Report

Document # N97000001144

Additional Directors:

D

James Thim
370 Jewelwood Ln.
Naples, Fl 34112

D

Ralph Tuttle
157 Driftwood Ln.
Naples, Fl 34112

D

Ralph Pica
514 Nettlewood Ln
Naples, Fl 34112