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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N97000002080 (6)

FILED Mar 09 1998 8:00am Secretary of State

FORT MYERS/CAPE CORAL SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPE					
Principal Plac	e of Business	Mailing Address			IBIN ODNU NDN ODNU NUN DON HUU
2535 PARKWAY STREET FORT MYERS FL \$3901		2535 PARKWAY STREET FORT MYERS FL 33901		3. Date incorporated or Qualified 04/11/1997	
				4. FEI Number	Applied For
		,			Not Applicable
21 2525		2a. Mailing Address 28 2525 PARK	way street	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 City 6 Stat		City & State		Trust Fund Contribution	Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeo	
Zip	Country	Z ip	Country	8. This corporation owes or has paid the	
24	25	<u> </u>	30	Personal Property Tax due June 30.	Yes No
24	9. Name and Address of Current		301	10. Name and Address of New Registr	
			81 Name		
HEIST. I	H A ESQ		82 Street Addr	Irons (D.O. Boy Number to Net Acceptable)	
	STERO BOULEVARD		9% Stiget Work	iress (P.O. Box Number is Not Acceptable)	
SUITE 2			83		
	IYERS BEACH FL 33931		24 01		Tant 7:- Cada
* ****			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	e the shows named corr		
	to the provisions of decitions of theoret	. Billa 6 i v. Tood, i folida atamie	2 ma spoke-ilemen colf	horation appring true statement for me horbo	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was autions of, Section 617.0503, Flor	uthorized by the corporat rida Statutes.	tion's board of directors. I hereby accept the	e appointment as registered
	egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was autions of, Section 617.0503, Flor	uthorized by the corporation Statutes.	poration submits this statement for the purp tion's board of directors. I hereby accept the	e appointment as registered
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE:	uthorized by the corporation of	pired when reinstating)	ATE
SIGNATURE _	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE:	Registered Agent signature required 13.		ATE S AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registered agent OFFICERS AND	it and title if applicable. (NOTE:	Registered Agent signature requirements 13.	pired when reinstating)	ATE
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D MCVETY, JON	at and title if applicable. (NOTE:	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND D MCVETY, JON 2535 PARKWAY STREET	at and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	pired when reinstating)	ATE S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AND OMCVETY, JON 2535 PARKWAY STREET FORT MYERS FL 33901	of and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D MCVETY, JON 2535 PARKWAY STREET FORT MYERS FL 33901	at and title if applicable. (NOTE:	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS 525 PAFEWAY Street	ATE S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND D MCVETY, JON 2535 PARKWAY STREET FORT MYERS FL 33901 D SWAGLER, LARRY	of and title if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS 525 PAFEWAY Street	ATE AND DIRECTORS IN 12 Change Addition
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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.

CIONATURE.

In and

JI MOCKETY

2/27/98

041-939-1233