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Mar 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003430 (2)

1. Corporation Name

ENGLEWOOD, FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.



Principal Place of Business

Mailing Address

2560 PLACIDA RD
ENGLEWOOD FL 34224

2560 PLACIDA RD
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0801076

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

HEIST, H. ANTHONY
1661 ESTERO BLVD
SUITE 20
FT MYERS BEACH FL 33931

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 617.1506, 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

TITLE DP
NAME PAULSEN, MILDRED J
STREET ADDRESS 2560 PLACIDA RD
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE DV
NAME SPEEK, NANCY
STREET ADDRESS 236 TAMPA AVE W
CITY-ST-ZIP VENICE FL 34285

TITLE DT
NAME BULWAN, BERNITA
STREET ADDRESS P O BOX 800 N/A
CITY-ST-ZIP PLACIDA FL 33946

TITLE DS
NAME BRINKLEY, ELAINE
STREET ADDRESS 236 TAMPA AVE
CITY-ST-ZIP VENICE FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Speek, Nancy
1.3 STREET ADDRESS 704 Venice Ave W.
1.4 CITY-ST-ZIP Venice FL 34285

2.1 TITLE DV
2.2 NAME HART, Christine
2.3 STREET ADDRESS 1600 Englewood Rd
2.4 CITY-ST-ZIP Englewood FL 34223

3.1 TITLE DS
3.2 NAME Schaeffer, Carolyn
3.3 STREET ADDRESS 1201 S. McCall Rd
3.4 CITY-ST-ZIP Englewood FL 34224

4.1 TITLE DT
4.2 NAME Frink, Patricia
4.3 STREET ADDRESS 2560 Placida Rd.
4.4 CITY-ST-ZIP Englewood FL 34224

5.1 TITLE D
5.2 NAME Paulsen, Mildred
5.3 STREET ADDRESS 2560 Placida Rd.
5.4 CITY-ST-ZIP Englewood FL 34224

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Sandra B. Mortham

3-5-98

CR2E037 (10/97)