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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003430

1. Corporation Name

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

Principal Place of Business

2560 PLACIDA RD
 ENGLEWOOD FL 34224

Mailing Address

2560 PLACIDA RD
 ENGLEWOOD FL 34224



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0301076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PAULSEN, MILDRED J	
STREET ADDRESS	2560 PLACIDA RD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPECK, NANCY	
STREET ADDRESS	704 VENICE AVENUE WAY	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HART, CHRISTINE	
STREET ADDRESS	1600 ENGLEWOOD ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFFER, CAROLYN	
STREET ADDRESS	1201 S. MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FRINK, PATRICIA	
STREET ADDRESS	2560 PLACIDA ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce Klinge	
1.3 STREET ADDRESS	22392 Westchester Blvd	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephanie Brandow	
2.3 STREET ADDRESS	704 W. Venice Ave	
2.4 CITY-ST-ZIP	Venice, FL 34285	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gretchen Smith	
3.3 STREET ADDRESS	2256 Kenya Lane	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33983	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Joyce Klinge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99
 Date

941/621-5400
 Daytime Phone #

CR2E037 (11/98)