

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N97000004921 (9)**

1. Corporation Name

**CASA DEL REY AT LAS BRISAS CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135**

**28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135**

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

65-0820646

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *1044 Castello Drive*

22 City & State

27 *Suite 206*

23 Zip Country

28 *Naples, Florida*

24 Zip **25** Country

29 *34103* **30** *USA*

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

**BOZE, JOANNA D
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name *Southwest Property Management*
82 Street Address (P.O. Box Numbers Not Acceptable)
1044 Castello Drive
83 *Suite 206*
84 City *Naples,* **FL** **85** Zip Code *34103*

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 **STEPHEN E. WILLIAMS, Pres.**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/19/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MCARDLE, DAVID**
STREET ADDRESS **28000 SPANISH WELLS BLVD.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ DELETE
NAME **KELLY, THOMAS J**
STREET ADDRESS **28000 SPANISH WELLS BLVD.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☐ DELETE
NAME **PATE, R. STEPHEN**
STREET ADDRESS **28000 SPANISH WELLS BLVD.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *P/D* ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE *S/D* ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE *V/D* ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *Stephen E. Williams, Director* *4/19/98*

CR2E037 (10/97)