FILE NOW: FILING FEE IS \$61.25

Apr 20 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N9700005800 (4) THE COLONIAL BUILDING 1 OF NAPLES ASSOCIATION, I NC. Principal Place of Business Malling Address 1020 GOODLETTE ROAD 1020 GOODLETTE ROAD 3. Date Incorporated or Qualified NAPLES FL 34102 NAPLES FL 34102 10/10/1997 Applied For Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing П 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BROWN, THOMAS R 82 Street Address (P.O. Box Number is Not Acceptable) 2660 AIRPORT ROAD SOUTH 83 NAPLES FL 34112 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition 1.1 TITLE TITLE OLSON, CLIFFORD 1.2 NAME NAME 1020 GOODLETTE ROAD STE 200 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34102 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 21 TITLE Change Addition TITLE NAME BROWN, THOMAS R 2.2 NAME 2660 AIRPORT ROAD SOUTH STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE BURTON, JOAN M NAME 3.2 NAME 2660 AIRPORT ROAD SOUTH STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME 4.9 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE NAME 5.2 NAME STREET ADORESS 5.9 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

HE HIGH D

DELETE

61 TITLE

62 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. 4-14-98 941-261-2627

FILED

Change

☐ Addition