

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000003868 (6)**  
 1. Corporation Name  
**PORTFOLIO HOMES OF NAPLES, INC.**

Principal Place of Business 24840 BURNT PINE DR STE 4 BONITA SPRINGS FL 34134 US	Mailing Address 24840 BURNT PINE DR STE 4 BONITA SPRINGS FL 34134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified <b>11/06/1992</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0365909</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**CARVER, DOUGLAS J**  
**704-110TH AVENUE N.**  
**NAPLES FL 34108**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3781 CATBRIER COURT</b>
83	
84 City	<b>Bonita Springs FL</b>
85 Zip Code	<b>34134</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> DELETE
NAME	CARVER, DOUGLAS J	
STREET ADDRESS	<del>704-110TH AVENUE N.</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARVER, ROBIN BLANDY	
STREET ADDRESS	<del>704-110TH AVENUE N.</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3781 CATBRIER COURT</b>
1.4 CITY-ST-ZIP	<b>BONITA SPR, FL 34134</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3781 CATBRIER COURT</b>
2.4 CITY-ST-ZIP	<b>BONITA SPR, FL 34134</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, and an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**

CR2E094 (10/97)