


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

FILED  
Apr 24 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 # **P94000035208 (5)**

1. Corporation Name

**SIGNATURE REALTY OF NAPLES, INC.**

Principal Place of Business

Mailing Address

**5551 RIDGEWOOD DRIVE  
SUITE 201  
NAPLES FL 33963**

**5551 RIDGEWOOD DRIVE  
SUITE 201  
NAPLES FL 33963**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/10/1994**

4. FEI Number

**65-0488787**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATHAN, G H  
5551 RIDGEWOOD DRIVE  
STE #501  
NAPLES FL 34108**

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 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

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 ☐ DELETE

NAME **DVP  
CORACE, RICHARD**  
STREET ADDRESS **5551 RIDGEWOOD DR STE 203**  
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **DP  
GRIFFEN, GERALD I**  
STREET ADDRESS **5551 RIDGEWOOD DR STE 203**  
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D  
SHARPE, KEITH A**  
STREET ADDRESS **5551 RIDGEWOOD DR STE 203**  
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **S  
LOEWELL, JACK**  
STREET ADDRESS **5551 RIDGEWOOD DR STE 203**  
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 supplementary 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 its 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 addition with an address.

SIGNATURE:

941-566-2800

CR2E034 (10/97)