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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000069144 (0)**

Principal Place of Business Mailing Address  801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963  MAPLES FL 33963  NAPLES FL 34108-2764						
				3. Date Incorporated or Qualified 09/07/1995	3a. Date of 03/22/19	
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26			4. FEI Number 65-0588404		Applied For Not Applicable
Suite, Apt. #, etc	Suite. Apt. #, etc. 27		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	_	5.00 May Be Added to Fees	
Zip Country 25 Country	29 34108 30	ountry		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes No		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HASTINGS, VIVIEN H		81	Name			
801 Laurel oak drive Suite 500		82	82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 38968 34108		83	· · · · · · · · · · · · · · · · · · ·			
_		84	City		FL 85	Zip Code 34108
<ol> <li>Pursuant to the provisions of Sections 607.0         office or registered agent, or both, in the Stagent. I am familiar with, and accept the other.</li> </ol>	ate of Florida. Such change was authorize	ed by	the corporation			

CIGITATORE	Signature, typed or printed name of registered agent and tide if applicable	(NOTE: Registered Agent signature r		DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
TTLF	DP DELETI	1.1 TITLE		Change Addition
NAME	SCHMOYER, J. H.	1.2 NAME		
STREET ADDRESS	· j	1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST- ZIP		
1.1LE	DS DELETI	2.1 TITLE		☐ Change ☐ Addition
NAME	HASTINGS, V. N	2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2 4 CiTY-ST-ZIP		
TITLE	DT DELETI	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, A. J	3.2 NAME		
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4. CITY-ST-ZIP		
1ITLE	V DELET	4 1 TITLE		Change Addition
N AME	WHITNEY, S. R.	4. 2 NAME		
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	0000020:	91110
TITLE	☐ DELETI	5.1 TITLE	-02/18/9701	112042 Change  Addition
NAME		5.2 NAME	***990.00	/// \~
STREET ADDRESS		5.3 STREET ADORESS		6/15 (1)
CITY: ST-ZIP		5.4 CITY - ST - ZIP		2020
1/TLF	DELET	6.1 TITLE	02/19/07	€Hange
NAME		6.2 NAME	-UC/18/3/U	r12-7040
( 70501 4000000)		C O PTOTET ADDOCCO	***390 <b>.</b> 00	/

6.4 CITY-ST-ZIP 14. I do 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 with an address

6.3 STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

SIGNATURE

listo

1/23/97 (941) 597-6061

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## COMMUNITIES TITLE INSURANCE AGENCY, INC.

## 13. V

K. Gordon 3300 University Drive Coral Springs, FL 33065

AS R. Evans 801 Laurel Oak Drive, Suite 103 Naples, FL 34108