

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90211 016 ***150.00

DOCUMENT # P96000012883

1. Entity Name
NAPLES GOLF IN PARADISE REALTY, INC.



Principal Place of Business
**8660 CEDAR HAMMOCK BLVD.
NAPLES FL 34113**

Mailing Address
**8660 CEDAR HAMMOCK BLVD.
NAPLES FL 34113**



2. Principal Place of Business

3. Mailing Address

10060 Amberwood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 6

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33913

USA

4. FEI Number **65-0743102**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARVER, HELEN I

**10060 AMBERWOOD RD UNIT 6 Unit 6
FT MYERS FL 33913**

Name

Street Address (P.O. Box Number is Not Acceptable)

Unit 6

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SARVER, HELEN I	
STREET ADDRESS	9232 PINEAPPLE RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID C	
STREET ADDRESS	18441 LEE RD	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-561-1444

CR2E034 (10/02)