


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

FILED
Jan 29 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000017951 (0)
 1. Corporation Name
NAPLES HERITAGE COUNTRY CLUB REALTY, INC.



| | |
|---|---|
| Principal Place of Business 542 COUNTRYSIDE DRIVE NAPLES FL 33942 | Mailing Address 542 COUNTRYSIDE DRIVE NAPLES FL 33942 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|
| 2. Principal Place of Business 21 4100 Corporate Sq. Suite, Apt. #, etc. 22 Suite 157 City & State 23 Naples, FL Zip 24 34104 | | 2a. Mailing Address 26 4100 Corporate Sq. Suite, Apt. #, etc. 27 Suite 157 City & State 28 Naples, FL Zip 29 34104 | | 3. Date Incorporated or Qualified 02/26/1996 | | 4. FEI Number 65-0649304 | | Applied For Not Applicable | |
| Country 25 USA | | Country 30 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DALSIN, LILLIAN M
542 COUNTRYSIDE DRIVE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name **Lillian M. Dalsin**
 82 Street Address (P.O. Box Number is Not Acceptable)
4100 Corporate Sq., St. 157
 83
 84 City **Naples** **FL** 85 Zip Code **34104**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DALSIN, WILLIAM T JR. |
| STREET ADDRESS | 542 COUNTRYSIDE DRIVE |
| CITY-ST-ZIP | NAPLES FL |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | Dalsin, William T. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4100 Corporate Sq. St. 157 |
| 1.4 CITY-ST-ZIP | Naples, FL 34104 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 with an address.

SIGNATURE: *William T. Dalsin* **RECORDED** 1/16/98 941-643-6644

CR2E034 (10/97)