

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90035 007 ***150.00

DOCUMENT # P96000070117

1. Corporation Name

UNIQUE PROPERTIES OF NAPLES, INC.

Principal Place of Business

7515 PELICAN BAY BLVD., UNIT 1E
NAPLES FL 34108

Mailing Address

7515 PELICAN BAY BLVD., UNIT 1E
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

59-3405402

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1009 Grand Isle Drive

Suite, Apt. #, etc.

22

City & State

23 Naples, Florida

Zip

24 34108

Country

25 Collier

2a. Mailing Address

26 1009 Grand Isle Drive

Suite, Apt. #, etc.

27

City & State

28 Naples, Florida

Zip

29 34108

Country

30 Collier

9. Name and Address of Current Registered Agent

STEWART, DEBORAH A ESQ.
865 FIFTH AVE., SOUTH
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name John W Meyer, CPA

82 Street Address (P.O. Box Number is Not Acceptable)
1207 3rd Street S, Ste 4

83

84 City Naples, FL

FL

85 Zip Code
34102

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

John W Meyer

John W Meyer

1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHARFENORTH, GLENN R
STREET ADDRESS 7515 PELICAN BAY BLVD., UNIT 1E
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Scharfenorth, Glenn R
1.3 STREET ADDRESS 1009 Grand Isle Drive
1.4 CITY-ST-ZIP Naples, FL 34108

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Glenn R Scharfenorth Glenn R Scharfenorth

941-597-4605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)