Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90002 024 ***150.00

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

DOCUMENT # P97000043344

HARBOF	R APARTMENTS OF NAPLE	ES, INC.			\			
Principal Place	e of Business	Mailing Address			# IBBIIDDI ((B IBII) IBII) I	18141 MAHIL BAIST BAS	11 81000 tit 00 titl1 0	1011 0101 1001
716 CHARLEMAGUE BLVD 716 CHARLEMAGI NAPLES FL 34112 NAPLES FL 34112 US US			ı		DO NO	I WRITE IN TH	IS SPACE	
00		00			3. Date Incorporated or Qu	alifed		
						<u> </u>		
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number		Apr	plied For
21		26			59-3450141		Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State				ncina	\$5.00	May Be
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry	8. This corporation owes th	e current year l	ntangible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of	New Registere	d Agent	
				81 Name	ESTILLE R.	VAU	בנאמ	
VAUGHN, ESTILLE					ress (P.O. Box Number is Not A			
716 CHARLEMAGUE BLVD					·			
NAPLES FL 34112				83 7//	CHARLEMAG		ALUL),
				84 City	CHAICE MAG		85 Zip C	ode.
				1/14	PLES	F	L " \$4.	772
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	autnorized	i by the corporati	poration submits this statement for on's board of directors. I hereby	or the purpose accept the app	of changing its regointment as reg	registered jistered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agent signature require		DATE	AND DIRECTO	D\$ IN 12
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES 1	O OFFICERS /	Change	Addition
TITLE	PTD	☐ Dereie	1.1 TI				Gridings	
NAME	VAUGHN, ESTILLE		1.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34112	☐ DELETE		TY-ST-ZIP			Change	Addition
TITLE	VSD	☐ DELETE	2.1 Ti				Change	CINGGIGON
NAME	SCHROEDER, WILLIAM C		2.2 NA					
STREET ADDRESS	,		•	REET ADDRESS				ļ
CITY-ST-ZIP	NAPLES FL 34105			ITY-ST-ZIP		 :	Change	☐ Addition
TITLE			3.1 TI				_ Sharings	
NAME			3.2 N/					:
STREET ADDRESS				REET ADDRESS				1
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP			Change	Addition
TITLE			4.1 TF	i				
NAME			4.2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE		TY-ST-ZIP			Change	Addition
TITLE		□ NETE IF	5.1 TI 5.2 N/					, 1.1
NAME				REET ADDRESS				
STREET ADDRESS				TY-ST-ZIP	· 概括 / 36 图 图	· "特别"	ju jaijaitift."	11.4
CITY-ST-ZIP		DELETE	6.1 T		-		Change	Addition
TITLE		LI DELESE	6.2 N/				- aumiña	
NAME		• • •						
STREET ADDRESS	1		0.35	REET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR