

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

FILED  
Apr 15 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 # P97000073989 (0)

1. Corporation Name

AMERICAN PROPERTY INVESTORS OF SOUTHWEST FLORIDA  
, INC.

Principal Place of Business

865 101ST AVE. N.  
NAPLES FL 34108

Mailing Address

865 101ST AVE. N.  
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0776519

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 3620 SAYBROOK PL

Suite, Apt. #, etc.

22 Bonita Springs  
FL

23

24 34134

25 USA

2a. Mailing Address

26 3620 Saybrook PL

Suite, Apt. #, etc.

27 Bonita Springs  
FL

28

29 34134

30

9. Name and Address of Current Registered Agent

WEBRE, HAROLD J  
4001 TAMiami TrL., N., STE. 300  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

GARY M. RUBIN

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

3620 SAYBROOK PLACE

83

84 City

Bonita Springs FL

85 Zip Code

34134

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

GARY M. RUBIN, Registered Agent

4/9/98

(Signature over printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
RUBIN, GARY M.  
STREET ADDRESS 865 101ST AVE. N.  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME DVST  
RUBIN, BRANDI L.  
STREET ADDRESS 865 101ST AVE. N.  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☒ Change ☐ Addition

1.2 NAME DP  
RUBIN, GARY M.  
1.3 STREET ADDRESS 3620 SAYBROOK PLACE  
1.4 CITY-ST-ZIP Bonita Springs FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVST  
RUBIN, BRANDI L.  
2.3 STREET ADDRESS 3620 SAYBROOK PLACE  
2.4 CITY-ST-ZIP Bonita Springs FL 34134

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.

SIGNATURE *[Signature]* President

4/9/98

941.948.9309

CR2E034 (10/97)