

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 # P98000002833

1. Corporation Name

NOBLE COMMUNITIES, INC.

Principal Place of Business

600 FIFTH AVENUE SOUTH STE. 207  
NAPLES FL 34102

Mailing Address

600 FIFTH AVENUE SOUTH STE. 207  
NAPLES FL 34102

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90272 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

59-3486845

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 2403 Trade Center Way

2a. Mailing Address

26 2403 Trade Center Way

Suite, Apt. #, etc.

22 Suite 6

Suite, Apt. #, etc.

27 Suite 6

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

24 34109

Country

25 USA

Zip

29 34109

Country

30 USA

9. Name and Address of Current Registered Agent

BRUGGER, JOHN N  
600 FIFTH AVENUE SOUTH STE. 207  
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SDVT ☒ DELETE  
NAME BRUGGER, JOHN N  
STREET ADDRESS 211 SHARWOOD DRIVE  
CITY-ST-ZIP NAPLES FL 34110

TITLE P ☒ DELETE  
NAME BRUGGER, JOHN N  
STREET ADDRESS 211 SHARWOOD DRIVE  
CITY-ST-ZIP NAPLES FL 34110

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 P/D ☒ Change ☐ Addition  
1.2 NAME John N. Brugger  
1.3 STREET ADDRESS 211 Sharwood Drive  
1.4 CITY-ST-ZIP Naples, FL. 34110

2.1 TITLE CEO/S/T/V/D ☐ Change ☒ Addition  
2.2 NAME Arthur G. Davis  
2.3 STREET ADDRESS 2116 Mission Drive  
2.4 CITY-ST-ZIP Naples, FL. 34109

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Daniele Davis  
3.3 STREET ADDRESS 2116 Mission Drive  
3.4 CITY-ST-ZIP Naples, FL. 34109

4.1 TITLE D/Asst. Sec. ☐ Change ☒ Addition  
4.2 NAME Carol R. Brugger  
4.3 STREET ADDRESS 211 Sharwood Drive  
4.4 CITY-ST-ZIP Naples, FL. 34110

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

941-599-3222

Daytime Phone #

CR2F034 (1/1/98)