

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

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90070 007 ***150.00

DOCUMENT # **V60504**

1. Corporation Name

NAPLES REALTY SERVICES, INC.

Principal Place of Business

**4099 TAMiami TrL N
2ND FLR
NAPLES FL 34103
US**

Mailing Address

**4099 TAMiami TrL N
2ND FLR
NAPLES FL 34103
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1992

4. FEI Number

65-0352958

Applied For

Not Applied For

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

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**STEINWAND, JOHN A
4099 TAMiami TrL N.
NAPLES FL 33940**

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 **PC** ☐ DELETE

NAME **STEINWAND, JOHN A**
STREET ADDRESS **4099 TAMiami TrL NO.**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **VT** ☐ DELETE

NAME **SAROSDY, MARK**
STREET ADDRESS **4099 TAMiami TrL N**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **D** ☒ DELETE

NAME **HIIRONEN, JAMES**
STREET ADDRESS **4099 TAMiami TrL N**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **D** ☒ DELETE

NAME **DICKERSON, BARBARA**
STREET ADDRESS **4099 TAMiami TrL N**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **D** ☐ DELETE

NAME **LEE, GINNY**
STREET ADDRESS **4099 TAMiami TrL N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ DELETE

NAME **SINKS, RONALD G**
STREET ADDRESS **4099 TAMiami TrL N**
CITY-ST-ZIP **NAPLES FL 34103**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE **Vice President** ☐ Change ☒ Addition

1.2 NAME **Lemuel I. Smith**
1.3 STREET ADDRESS **5170 10th Ave SW**
1.4 CITY-ST-ZIP **Naples FL 34116**

2.1 TITLE **Vice President** ☐ Change ☒ Addition

2.2 NAME **William Ventress**
2.3 STREET ADDRESS **8171 Bay Colony Dr. Unit 1901**
2.4 CITY-ST-ZIP **Naples FL 34108**

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

13. 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 report or supplemental 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 11 or Block 12 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

PRES. JOHN A. STEINWAND

Date

Daytime Phone #

941-262-4333

4-20-00