

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732360** (3)

1. Corporation Name
NAPLES TERRA DEL SOL, INC.

Principal Place of Business Mailing Address
C/O INTEGRATED PROPERTY MANAGEMENT, INC.
3435 10TH STREET NORTH, SUITE 201
NAPLES FL 33940

2. Principal Place of Business 2a. Mailing Address
21 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

FALK, STEVE A
COLLIER PLACE ONE - SUITE 100
3003 TAMiami TRAIL
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/31/1975** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2004987** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **ADAMS, JOE**
82 Street Address (P.O. Box Number is Not Acceptable) **COLLIER PLACE ONE SUITE 100**
83 **3003 TAMiami TRAIL NORTH**
84 City **NAPLES** 85 Zip Code **FL 33940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Joseph E. Adams* **JOSEPH E. ADAMS** 4/13/95
Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINX, BARBRA
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-18
CITY - ST - ZIP	NAPLES FL 33962
TITLE	DAT
NAME	SILVA, MANUEL
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-14
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	CAPPEZZONE, BETTY
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD, #C13
CITY - ST - ZIP	NAPLES FL
TITLE	SM
NAME	DUBE, NORMAND
STREET ADDRESS	3435 10TH STREET NORTH SUITE 201
CITY - ST - ZIP	NAPLES FL 33962
TITLE	D
NAME	WALKER, CHARLES
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-13
CITY - ST - ZIP	NAPLES FL 33962
TITLE	TD
NAME	WALKER, DONALD
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK ROAD #A-1
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Normand L. Dube* **4/13/95** **013-454-7447**
Signature and typed or printed name of officer or director Date Daytime Phone #

APPROVED AND FILED
95 APR 21 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA