

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732360 (3)**  
1. Corporation Name  
**NAPLES TIERRA DEL SOL, INC.**



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

3. Date Incorporated or Qualified <b>03/31/1975</b>	3a. Date of Last Report <b>04/21/1995</b>
4. FEI Number <b>59-2004987</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADAMS, JOE COLLIER PLACE ONE SUITE 100 3003 TAMiami TRAIL NORTH NAPLES FL 33940		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINX, BARBRA	1.2 NAME	PINX, BARBRA
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-18	1.3 STREET ADDRESS	5563 RATTLESNAKE HAMMOCK #C18
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, MANUEL	2.2 NAME	HURST, BETY
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #G-14	2.3 STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD C12
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/TREASURER/DIRECTOR <input checked="" type="checkbox"/> Addition
NAME	CAPPEZZONE, BETTY	3.2 NAME	MULLINS, BEATRICE
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C13	3.3 STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD A2
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	SM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBE, NORMAND	4.2 NAME	
STREET ADDRESS	3435 10TH STREET NORTH SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CHARLES	5.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-13	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	5.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DONALD	6.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK ROAD #A-1	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: Barbra P. Pinx Date: 4/23/96 Daytime Phone #: 642.5400 X308

CR2E037 (12/95)