


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90134 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 732360 1. Corporation Name NAPLES TIERRA DEL SOL, INC.		
Principal Place of Business C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES FL 33940	Mailing Address C/O INTEGRATED PROPERTY MANAGEMENT, INC. 3435 10TH STREET NORTH, SUITE 201 NAPLES FL 33940	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/31/1975
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2004987
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	\$8.75 Additional Fee Required
30. Country	3. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ADAMS, JOE COLLIER PLACE ONE SUITE 100 3003 TAMiami TRAIL NORTH 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 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. (NOT E: 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	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINX, BARBRA	1.2 NAME	Pinx, Barbara
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD. #C-18	1.3 STREET ADDRESS	5563 Rattlesnake Hammock Rd.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST BETTY	2.2 NAME	
STREET ADDRESS	5563 RATTLE SNAKE HAMOCK RD C12	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS BEATRICE	3.2 NAME	
STREET ADDRESS	5563 RATTLESNAKE HAMMOCK RD A2	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sershen, Karen
STREET ADDRESS		4.3 STREET ADDRESS	5563 Rattlesnake Hammock Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Sharpe, Kathleen
STREET ADDRESS		5.3 STREET ADDRESS	5563 Rattlesnake Hammock Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Subsignature Required* **SIGNATURE REQUIRED** 4/20/99 (941) 774-4493
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)