

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90022 010 ****61.25

DOCUMENT # 732360
 1. Entity Name
NAPLES TIERRA DEL SOL, INC.

Principal Place of Business Mailing Address
C/O INTEGRATED PROPERTY MANAGEMENT, INC. **C/O INTEGRATED PROPERTY MANAGEMENT, INC.**
3435 10TH STREET NORTH, SUITE 201 **3435 10TH STREET NORTH, SUITE 201**
NAPLES FL 33940 **NAPLES FL 34103-3815**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2004987 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ADAMS, JOE
COLLIER PLACE ONE SUITE 100
3003 TAMiami TRAIL NORTH
NAPLES FL 33940

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | PINX, BARBRA | |
| STREET ADDRESS | 5563 RATTLESNAKE HAMMOCK RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HURST, BETTY | |
| STREET ADDRESS | 5563 RATTLE SNAKE HAMOCK RD C12 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | MULLINS BEATRICE | |
| STREET ADDRESS | 5563 RATTLESNAKE HAMMOCK RD A2 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SERSHEN, KAREN | |
| STREET ADDRESS | 5563 RATTLESNAKE HAMMOCK RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHARPE, KATHLEEN | |
| STREET ADDRESS | 5563 RATTLESNAKE HAMMOCK RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DeFrancesca, Frank | |
| STREET ADDRESS | 5563 Rattlesnake Hammock | |
| CITY-ST-ZIP | Naples, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Banco, Peter | |
| STREET ADDRESS | 5563 Rattlesnake Hammock | |
| CITY-ST-ZIP | Naples, FL | |
| TITLE | S/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sershen, Karen | |
| STREET ADDRESS | 5563 Rattlesnake Hammock | |
| CITY-ST-ZIP | Naples, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **FRANK DEFRANCESCA** **3/28/00** **941-434-7447**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)