

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002689 (7)

1. Corporation Name

EAA CHAPTER 1067, INC.



Principal Place of Business

Mailing Address

350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 33940

350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 33940

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0541825

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMATO, LOUIS X ESQ.
350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 34102

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JANSEN, JENS
STREET ADDRESS 1055 LASTRADA LANE
CITY-ST-ZIP NAPLES FL DELETE

1.1 TITLE PD Change Addition
1.2 NAME JIM QUIGLEY
1.3 STREET ADDRESS 186 NORTH ST.
1.4 CITY-ST-ZIP NAPLES, FL 34103

TITLE VPD
NAME FOSTER, DAVID
STREET ADDRESS 110 19TH STREET NW
CITY-ST-ZIP NAPLES FL DELETE

2.1 TITLE VPD Change Addition
2.2 NAME FRED M EDANIEL
2.3 STREET ADDRESS 698 PINE VALE DR.
2.4 CITY-ST-ZIP NAPLES FL 33942

TITLE TD
NAME MOHRBACHER, DALE
STREET ADDRESS 4025 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL DELETE

3.1 TITLE TREAS./D. Change Addition
3.2 NAME JENS JANSEN
3.3 STREET ADDRESS 1055 LASTRADA LANE
3.4 CITY-ST-ZIP NAPLES FL 34103

TITLE S
NAME LOUIS X. AMATO
STREET ADDRESS 350 5TH AVE. SOUTH
CITY-ST-ZIP NAPLES FL DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 registrar 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:

LOUIS X. AMATO

1/16/98

(941)434 1168

CR2E037 (10/97)