## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 03 1997 8:00am

Secretary of State

96/6)

(318)233-2670

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P94000056112 (3)

appears in Block 12 or Block 13 if changed, or on an attachment with an addres

SIGNATURE

RESORT DEVELOPMENT OF NAPLES CAY, INC.

80 SEA GATE DRIVE 90 SEA GATE DRIVE NAPLES FL 33940 NAPLES FL 34103-2470 HS. 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1994 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0513013 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country  $Z_{(0)}$ This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 NAPLES FL 33940-3060 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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. Fam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal in Typical or printed name of registered agent and the Prapplicable INO1E Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. XIX Change Addition DELETE 1.1 TITLE TITLE THOMAS R. BECNEL Thomas R. Becnel NAM 1.2 NAME 40 SEA GATE DRIVE, UNIT 101 60 Seagate Drive, Unit 306 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP Naples FL 33940 CITY-ST Change ■ DELETE 21 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP City-St-ZiP DELETE Change Addition 3.1 TITLE THE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 20P 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP \_\_\_ Addition DELETE THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP OITY- \$1 - 7 -DELETE Change Addition 6 1 TITLE THEF NAME 62 NAME STREET ADORESS **63 STREET ADDRESS** 64 CITY-ST-ZIP CHY-51-2IP

14. I do hereby certily 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 607, Florida Statutes; and that my name