FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000075258 (1)

1. Corporation Name

FIDDLER'S CREEK MANAGEMENT, INC.

REMITTED BY MAIL

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE STE. 640 NAPLES FL 33963	801 LAUREL OAK DRIVE STE. 640 NAPLES FL 33963

3. Date Incorporated or Qualified: 10/11/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0532185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODWARD, MARK J 801 LAUREL OAK DRIVE STE. 640 NAPLES FL 33963	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 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. I am familiar with, and accept the obligations of, Section 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FERRAO, AUBREY J	1.2 NAME	
STREET ADDRESS	4001 NORTH TAMIAMI TRAIL STE. 350	1.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33940	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODWARD, MARK J	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE STE. 640	2.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33963	2.4 CITY ST ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	Hayes, John	3.2 NAME	
STREET ADDRESS	4001 Tamiami Trail N, Ste. 350	3.3 STREET ADDRESS	
CITY ST ZIP	Naples, Florida 33940	3.4 CITY ST ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	DiNardo, Anthony	4.2 NAME	
STREET ADDRESS	4001 Tamiami Trail North, Ste 350	4.3 STREET ADDRESS	
CITY ST ZIP	Naples, Florida 33940	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Aubrey J. Ferrao 4/25/95 813-434-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331348 CP