

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 014 ***150.00

DOCUMENT # P97000001039

1. Entity Name
JOHN ALDEN HOMES, INC.

Principal Place of Business
**655 FOUNTAINHEAD LN
 NAPLES FL 34103
 US**

Mailing Address
**2614 N TAMAMI TR
 PMB511
 NAPLES FL 34103
 US**

80126137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
655 Fountainhead Lane
 Suite, Apt. #, etc.
Naples FL
 Zip
34103

4. FEI Number **65-0725294**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOMBARDO, ESQ CHRISTOPHE
 801 LAUREL OAK BLVD, STE 710
 SUITE 200
 NAPLES FL 34108**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAUGHERTY, LYNN A 655 FOUNTAINHEAD LANE NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn A Daugherty* **4-26-02** **239-430-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)


Attachment
PA 7000001039
B01210139


Visit us at www. [REDACTED] 526

EVELYN A DAUGHERTY
LYNN A DAUGHERTY
655 FOUNTAINHEAD LANE
NAPLES, FL 34103

4-26-02 63-9171/670
Date

PAY TO THE ORDER OF Dept. of STATE \$ 50.00

Overhanded a NO 100 DOLLARS  Security Features Details on Back

 Fifth Third Bank
FLORIDA
NAPLES, FLORIDA

FOR PA 7000001039 Jah Lynn A Daugherty MP

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