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FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V26471 (5)

1. Corporation Name  
COTTAGES & CASTLES, INC.



Principal Place of Business

536 PARK STREET  
~~4500 GULF SHORE BLVD., N. V222~~  
NAPLES FL 33940  
US

Mailing Address

P. O. BOX 425  
~~P.O. BOX 425~~  
NAPLES FL 34108-0425  
US

2. Principal Place of Business

21 536 Park Street

22 Suite, Apt. #, etc.

23 City & State  
Naples, FL

24 Zip  
34102

25 Country  
USA

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

04/03/1996

4. FEI Number

65-0394244

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

REISMAN, LISA ANASTASIA  
250 GALLEON DRIVE  
SUITE 222  
NAPLES FL 33940

10. Name and Address of New Registered Agent

31 Name REISMAN, LISA ANASTASIA

32 Street Address (P.O. Box Number is Not Acceptable)

250 Galleon Drive

34 City Naples

FL

35 Zip Code 34102

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 *Lisa E. Reisman*

(NOTE: Register Agent signature required when reinstating)

DATE 3/5/97

12. OFFICERS AND DIRECTORS

TITLE 12ST  
NAME REISMAN, LISA ANASTASIA  
STREET ADDRESS 250 GALLEON DRIVE  
CITY- ST- ZIP NAPLES FL

TITLE  
NAME VICE-PRESIDENT  
STREET ADDRESS LAURA ANASTASIA  
CITY- ST- ZIP 3931 Horse Carriage Way #11  
Naples, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do 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 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:

*Lisa E. Reisman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 941-263-0234  
DATE DAYTIME PHONE #

CR2E034 (9/96)