

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90099 047 \*\*\*150.00

DOCUMENT # 205397

1. Corporation Name

REELSTONE DEVELOPMENT CORPORATION

Principal Place of Business

C/O WHISPERING CREEK VILLAGE  
2023 ST LUCIE BLVD.  
FT PIERCE FL 34946

Mailing Address

C/O WHISPERING CREEK VILLAGE  
2023 ST LUCIE BLVD.  
FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1957

4. FEI Number

59-0815557

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSHER, SHARON KAY  
4026 GREENWOOD DRIVE  
FORT PIERCE FL 34982

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 P ☐ DELETE

NAME MOORE, BETTY N  
STREET ADDRESS 1111 S INDIAN RIVER DR  
CITY-ST-ZIP FT. PIERCE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1611 S. Indian River Dr.  
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE

NAME KARLSON ANNA JANE  
STREET ADDRESS 2023 ST LUCIE BLVD #285  
CITY-ST-ZIP FT PIERCE, FL 00000

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME YATES, JOSEPH W JR  
STREET ADDRESS 2815 SOUTH INDAIN RIVER DRIVE  
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME YATES, CLAYTON  
STREET ADDRESS 1611 SOUTH INDIAN RIVER DRIVE  
CITY-ST-ZIP FT PIERCE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MOSHER, SHARON K  
STREET ADDRESS 4026 GREENWOOD DRIVE  
CITY-ST-ZIP FT PIERCE F

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MOSHER, DALE T  
STREET ADDRESS 1755 CODY LANE  
CITY-ST-ZIP FT PIERCE FL

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 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, with all other like empowered.

SIGNATURE:

Sharon K. Mosher Sharon K. Mosher

1-12-99

561-461-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0516543

CR2E034 (11/98)