FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR -7 AM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 606201 (2)

1. Corporation Name
WYNDEMERE HOLDINGS, INC.

Principal Place of Business: ~~3000 LIVINGSTON RD.~~ NAPLES FL 33999-4208

Mailing Address: ~~3000 LIVINGSTON RD.~~ NAPLES FL 33999-4208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 98 Wyndemere Way; Suite, Apt. #, etc. 22; City & State 23; Zip 24; Country 25

2a. Mailing Address: 26 98 Wyndemere Way; Suite, Apt. #, etc. 27; City & State 28; Zip 29; Country 30

3. Date Incorporated or Qualified: 01/04/1979

3a. Date of Last Report: 02/04/1994

4. FEI Number: 59-1878978 ☐ 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

MALONEY, THOMAS E
C/O QUARRELS & BRADY
4501 TAMIAMI TR. N.
NAPLES FL 33940-0060

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	MUSIELLO, FRANK	1.2 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	1.3 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	1.4 CITY ST ZIP	
TITLE	PTD	2.1 TITLE	☒ Change ☐ Addition
NAME	VIGGIANI, A.J.	2.2 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	2.3 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	2.4 CITY ST ZIP	
TITLE	~~S~~	3.1 TITLE	S ☒ Change ☐ Addition
NAME	~~BRANNING, CHERIE A~~	3.2 NAME	MURPHY, Laura
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	3.3 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	~~NAPLES, FL 00000~~	3.4 CITY ST ZIP	Naples, FL 33999
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	LIVINGSTON, VIOLET A	4.2 NAME	
STREET ADDRESS	~~3000 LIVINGSTON ROAD~~	4.3 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES FL	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)(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: A. J. Viggiani 3/31/95 813-434-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: A.J. VIGGIANI, PRESIDENT

Date / Daytime Phone

0332492 CP