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 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **606203** **(8)**

1. Corporation Name
WYNDEMERE FARMS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
~~3000 LIVINGSTON RD~~ ~~NAPLES FL 33999-4208~~	~~3000 LIVINGSTON RD~~ ~~NAPLES FL 33999-4208~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1979
3a. Date of Last Report: 02/04/1994

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

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

4. FEI Number: 59-1878974 ☐ 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
% QUARLES & BRADY
4501 TAMIAMI TRAIL NO.
NAPLES FL 33940-7060

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
Signature, type or print name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	VIGGIANI, A.J.	12 NAME		
STREET ADDRESS	~~3000 LIVINGSTON ROAD~~	13 STREET ADDRESS	98 Wyndemere Way	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP		
TITLE	~~S~~	21 TITLE	S	☒ Change ☐ Addition
NAME	~~BRANNING, CHERIE A~~	22 NAME	MURPHY, Laura	
STREET ADDRESS	~~3000 LIVINGSTON ROAD~~	23 STREET ADDRESS	98 Wyndemere Way	
CITY ST ZIP	~~NAPLES FL~~	24 CITY ST ZIP	Naples, FL 33999	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	MUSIELLO, FRANK	32 NAME		
STREET ADDRESS	~~3000 LIVINGSTON ROAD~~	33 STREET ADDRESS	98 Wyndemere Way	
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP		
TITLE	~~V~~	41 TITLE		☒ Change ☐ Addition
NAME	~~PATRIGNANI, DAVID~~	42 NAME		
STREET ADDRESS	~~3000 LIVINGSTON RD~~	43 STREET ADDRESS	Delete	
CITY ST ZIP	~~NAPLES FL~~	44 CITY ST ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	MAHAR, ROBERT	52 NAME		
STREET ADDRESS	3000 LIVINGSTON RD	53 STREET ADDRESS	98 Wyndemere Way	
CITY ST ZIP	NAPLES FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 added by an attachment with an address.

SIGNATURE: A. J. Viggiani 813-434-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
A.J. VIGGIANI, President 3/31/95
DATE

0332480 CP