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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 606203

(8)

Mailing Address

WYNDEMERE FARMS DEVELOPMENT, INC.

FILED May 09 1997 8:00am Secretary of State

98 WYNDEMERE WAY NAPLES FL 33999-4208		98 WYNDEMERE WAY NAPLES FL 34105-7140					
					3. Date Incorporated or Qualified 01/04/1979	3a. Date of Last 04/23/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	A	pplied For	
21		[26]	26		59-1878974		lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Stalus Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	3		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	intangible tax under s. 199.032,	
24	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	distered Agent	
	oney, thomas e		8	1 Name			ŀ
% QI	uarles & Brady		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	TAMIAMI TRAIL NO.				· · · · · · · · · · · · · · · · · · ·		
Napi	LES FL 33940-7060		8	3			
i			8	4 City		85 Zip	Code
				"		FL I	
11. Pursuant I office or re agent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida S ite of Florida. Such change v ligations of, Section 607.050	tatutes, the aboves authorized 5, Florida Statut	ve-named corp by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing the appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered in	agent and title if applicable.	(NOTE: Registered A	gent signature requi	red when reinstaling)	DATE	
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PID	☐ DELFTE	1.1 TITLE	:		[_] Change	Addition
NAME	VIQQIANI, A.J.		1.2 NAM	F			
STREET ADDRESS	98 WYNDEMERE WAY		1.3 STHE	ET ADDRESS			
CITY-ST-ZIP	NAPLES FL		1.4 CITY	-S1-ZIP			
TITLE	S	L) DELETE	2.1 101.0			☐ Change	Addition
NAME	MURPHY, LAURA		2.2 NAM	E]
STREET ADDRESS	98 WYNDEMERE WAY		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NAPLES FL			'- S1 - ZIP			
TITLE	VD	☐ DELETE	3.1 TITU			∐ Change	Addition
NAME	MUSIELLO, FRANK		3.2 NAM	Į.			
STREET ADDRESS	98 WYNDEMERE WAY		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NAPLES FL			/-\$1-7IP			
TITLE	V	☐ DELETE	4.1 1/11.1			Change	Addition
NAME	MAHAR, ROBERT		4. 2 NAM	AE .			
STREET ADDRESS	98 WYNDEMERE WAY		4.3 \$1R	ET ADDRESS			
CITY-ST-ZIP	NAPLES FL			-\$1-ZIP			
TITLE		☐ DELET				Change	: L Addition
NAME			5.2 NAM	{			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		·····		- ST - 71P			
TITLE		DELETI	6.1 100	ŧ [Change	Addition
NAME			6.2 NAM	F			
STREET ADDRESS			6.3 STRI	ET ADDRESS			
CITY - ST - ZIP				- ST - 7IP			
M 1 do borol	by portify that the information comp	died with this filing does not	auglify for the a	vomintion etato	d in Section 119 07/3)(i) Florida Statute	 I further certify th: 	athe I

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 argued report or supply mental 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 coporation or the receiver or trustee empowered to execute this report as required by Chapter 707. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or have altachment with an address.

5/1/97 941-434-8282