

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **672635** (0)

1. Corporation Name

**P. WALLENBERG DEVELOPMENT CO., INC.**



Principal Place of Business

**P.O. BOX 3798  
SARASOTA FL 34230**

Mailing Address

**P.O. BOX 3798  
SARASOTA FL 34230**

2. Principal Place of Business

21 **Coleman, Elizabeth A.**

2a. Mailing Address

26 **5370 Gulf of Mexico Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5370 Gulf of Mexico Drive**

City & State

28 **Longboat Key, Fl.**

City & State

23 **Longboat Key, Fl.**

Zip

24 **34228**

Country

25 **US**

Zip

29 **34228**

Country

30 **US**

g. Name and Address of Current Registered Agent

**SHEA JR., JOHN J.  
720 S ORANGE AVENUE  
SARASOTA FL 34236**

3. Date Incorporated or Qualified

**06/06/1980**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2014427**

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

10. Name and Address of New Registered Agent

81 Name **Shea, John J., Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2940 South Tamiami Trail**

84 City **Sarasota**

**FL**

85 Zip Code  
**34239**

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

**John J. Shea, Jr.**

**2/8/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **COLEMAN, ELIZABETH A**  
STREET ADDRESS **5370 GULF OF MEXICO DR**  
CITY - ST - ZIP **LONGBOAT KEY FL**

TITLE ☒ DELETE  
NAME **BLADEN SHERRI P.**  
STREET ADDRESS **5370 GULF OF MEXICO DR**  
CITY - ST - ZIP **LONGBOAT KEY FL**

TITLE ☒ DELETE  
NAME **BATTALAAN, ALEXANDER**  
STREET ADDRESS **40, THE NETHERLANDS**  
CITY - ST - ZIP **CE MA**

TITLE ☐ DELETE  
NAME **CHATTIN, DANA R.**  
STREET ADDRESS **5370 GULF OF MEXICO DR**  
CITY - ST - ZIP **LONGBOAT KEY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP **34228**

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

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

41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP **34228**

51 TITLE ☐ Change ☒ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(k), 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:

**Elizabeth A. Coleman**

**2/8/96**

**941 383-6424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)