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Feb 08, 1999 8:00am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 825697

1. Corporation Name

RANCHO DEL CIERVO ESTATES

Principal Place of Business.

4044 NEWPORT DRIVE  
P.O. BOX 308  
NEW PORT RICHEY FL 34656-0308  
US

Mailing Address

4044 NEWPORT DRIVE  
P.O. BOX 308  
NEW PORT RICHEY FL 34656-0308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1971

4. FEI Number

95-2107448

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDER, FRED J.  
407 SOUTH EWING AVENUE  
CLEARWATER FL 33516

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 PD ☐ DELETE

NAME WERNER, E.V.  
STREET ADDRESS 4044 NEWPORT DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DST ☐ DELETE

NAME BOYCE, W.H.  
STREET ADDRESS 4044 NEWPORT DR.  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME WILDER, FRED J.  
STREET ADDRESS 407 SOUTH EWING AVENUE  
CITY-ST-ZIP CLEARWATER FL 33516

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)