

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 002 \*1,500.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F94000006461**

1. Corporation Name  
**OTTAWA PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8000 YANKEE RD. OTTAWA LAKE MI 49267**  
 Mailing Address: **8000 YANKEE RD. OTTAWA LAKE MI 49267**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **12/19/1994**  
 4. FEI Number: **38-3057047** 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  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHULTZ, EDWARD J</b>	1.2 NAME	
STREET ADDRESS	<b>4500 DORR ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43615</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWALD, DENNIS</b>	2.2 NAME	<b>A. Calvin Axtell, Jr.</b>
STREET ADDRESS	<b>4500 DORR ST</b>	2.3 STREET ADDRESS	<b>515 Congress Ave. Suite 2525</b>
CITY-ST-ZIP	<b>TOLEDO OH 43615</b>	2.4 CITY-ST-ZIP	<b>Austin, TX 78701</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATON, A. GLENN</b>	3.2 NAME	<b>Christopher J. Czarka</b>
STREET ADDRESS	<b>4500 DORR ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43615</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDEN, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>4500 DORR ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIMMERMAN, ALLAN</b>	5.2 NAME	<b>Amy L. Hansen</b>
STREET ADDRESS	<b>1801 RICHARDS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZMUDA, PHILLIP R</b>	6.2 NAME	<b>Rodney R. Filcek</b>
STREET ADDRESS	<b>7520 E. INDEPENDENCE BLVD, SUITE 240</b>	6.3 STREET ADDRESS	<b>1801 Richards Road</b>
CITY-ST-ZIP	<b>CHARLOTTE NC 28227</b>	6.4 CITY-ST-ZIP	<b>Toledo, OH 43607</b>

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: *Chiff* **Christopher J. Czarka** Assistant Treasurer **4/21/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1998)