# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:52

DOCUMENT # G85952 (1)

1. Corporation Name
EASTWIND DEVELOPERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3922 SW ST. LUCIE LANE<br>PALM CITY FL 34990 | P O BOX 1235<br>STUART FL 34995-1235<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2376222 ☐ 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

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

9. Name and Address of Current Registered Agent

KIERNAN, PHILIP E.
3922 SW ST. LUCIE LANE
PALM CITY FL 34990

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 | DPS | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KIERNAN, PHILIP E. | 1.2 NAME | |
| STREET ADDRESS | 3922 SW ST. LUCIE LANE | 1.3 STREET ADDRESS | P.O. BOX 1235 N/A |
| CITY-ST-ZIP | PALM CITY FL | 1.4 CITY-ST-ZIP | STUART, FL 34995-1235 |
| TITLE | DVT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KIERNAN, BARBARA S. | 2.2 NAME | |
| STREET ADDRESS | 3922 SW ST. LUCIE LANE | 2.3 STREET ADDRESS | P.O. BOX 1235 N/A |
| CITY-ST-ZIP | PALM CITY FL | 2.4 CITY-ST-ZIP | STUART, FL 34995-1235 |
| TITLE | DV | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | KIERNAN, BRIAN C. | 3.2 NAME | |
| STREET ADDRESS | 3922 SW ST. LUCIE LANE | 3.3 STREET ADDRESS | P.O. BOX 1235 N/A |
| CITY-ST-ZIP | PALM CITY FL | 3.4 CITY-ST-ZIP | STUART, FL 34995-1235 |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 on an attachment with an address.

**SIGNATURE:** Philip E. Kiernan, PRES. 2/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILIP E. KIERNAN