2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF

May 03, 2005 8:00 am Secretary of State DOCUMENT # H51552 1. Entity Name 05-03-2005 90115 013 ***150.00 WAVERLY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 365 FIFTH AVENUE SO. 365 FIFTH AVENUE SO. SUITE 201 NAPLES FL 34102 **SUITE 201** NAPLES FL 34102 3. Mailing Address 367 WEST MANN 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State **¢**ity & State 4. FEI Number DETHISOLOWGH 59-2518538 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTARAMIAN, JACK Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVÉNUE SO. **SUITE 201** NAPLES FL 34102 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PTO ☐ Delete TITLE ☐ Change ☐ Addition ANTARAMIAN, JACK NAME STREET ADDRESS 365 5TH AVE.S, STE #201 STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition LAPPEN, ELIOT MAME STREET ADDRESS STREET ADDRESS 1087 BEACON STREET NEWTON MA 02459 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEINSTEIN, ROGER W NAME STREET ADDRESS 125 SUMMER STREET STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 71P BOSTON MA 02110 TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supotemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed, or on an attachment that my name appears in Block 10 or Block 11 if changed in the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowers to the changed in the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowers that a man of the changed in the same legal effect as if made under oath; that I am an officer or director of the corporation o

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