

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H75587** (6)

1. Corporation Name

THREE LAKES DEVELOPMENT, INC.



Principal Place of Business

**1525 W HILLSBOROUGH AVE.
TAMPA FL 33603-1200**

Mailing Address

**1525 W HILLSBOROUGH AVE.
TAMPA FL 33603-1200**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/11/1985

3a. Date of Last Report
10/30/1995

4. FET Number

59-2632011

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

9. Name and Address of Current Registered Agent

**REIBER, SAM I.
601 EAST TWIGGS STREET, SUITE 200
TAMPA FL 33602**

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

Signature of Registered Agent or Secretary of the Corporation

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	☐ DELETE
NAME	ARTZIBUSHEV, DIMITRI	
STREET ADDRESS	1525 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SO	☐ DELETE
NAME	TENCZA, DR DENNIS	
STREET ADDRESS	12904 GOLF COURT TERR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	ARTZIBUSHEV, CONSTANTIN	
STREET ADDRESS	1523 W HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	HADDAD, DR MAURICE	
STREET ADDRESS	12721 N PADDOCK	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	GRUNDSET, DR HAROLD	
STREET ADDRESS	13406 GULF CREST WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. 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: **DIMITRI ARTZIBUSHEV**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/96

Date

(813) 237-0529

Telephone #

CR2E034 (12/95)