

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H75587

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90081 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1985

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARTZIBUSHEV, DIMITRI
STREET ADDRESS 1525 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE SD
NAME TENCZA, DR DENNIS
STREET ADDRESS 12904 GOLF COURT TERR
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME ARTZIBUSHEV, CONSTANTIN
STREET ADDRESS 16559 HUTCHINSON RD.
CITY-ST-ZIP ODESS FL

☐ DELETE

TITLE D
NAME HADDAD, DR MAURICE
STREET ADDRESS 16910 FILLY LANE
CITY-ST-ZIP ODESSA FL

☐ DELETE

TITLE D
NAME GRUNDSET, DR HAROLD
STREET ADDRESS 11319 OOLTEWAH GEORGETOWN
CITY-ST-ZIP GEORGETOWN TN

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 (1/98)