FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53389 (9)

1. Corporate Name

MOON LAKE DEVELOPMENT CO., OF NAPLES, INC.

Principal Office

5026 ECLIPSE CT.
NAPLES FL 33942
US

Mailing Address

5026 ECLIPSE CT
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1987

3a. Date of Last Report: 05/01/1994

2. Former Name — 21

2a. Former Address — 26

Sub. Address — 22

Sub. Address — 27

City — 23

City — 28

St — 24 Country — 25

St — 29 Country — 30

4. FEI Number: 59-2788749 — Applied For / Not Applicable

5. Certificate of Status (Issues) — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Does corporation owe liability for intangible tax under S. 199.032 Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

STOTT, ROSANNE
~~6075 ISLAND PARK COURT~~
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 5026 Eclipse Ct

83 #

84 City: NAPLES FL 85 Zip Code: 33942

11. Pursuant to the provisions of section 607.0505 Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida as follows. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 Florida Statutes.

Rosanne Stott — 5-2-95

12. OFFICERS AND DIRECTORS

DPT
BINDER, BURTON A.
1528 SAN CARLOS BAY DR
SANIBEL FL

DSV
JASSY, JOHN
9220 BONITA BCH RD #206
BONITA SPRINGS FL

D
~~STOTT, ROSANNE~~
~~6075 ISLAND PARK COURT~~
FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is correct, to the best of my knowledge and belief, and that I am a duly authorized officer of the corporation named in item 1 of this report. I further certify that the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and validity as if made under oath. I am aware that false information submitted to a public officer or agency is a violation of section 817.155 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 5-2-95 813 643-2227

Title Date Area Code Telephone Number

0482388 FP