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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J70065 (4)
1. Corporation Name
WAVERLY DEVELOPMENT/EAGLE CAY CORPORATION



Principal Place of Business Mailing Address
405 FIFTH AVE. S.
#6
NAPLES FL 33940
405 FIFTH AVE. S.
#6
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 365 5th AVE SO 26 365 5th AVE SO
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 201 27 201
City & State City & State
23 NAPLES, FL 28 NAPLES, FL
Zip Country Zip Country
24 34102 25 USA 29 34102 30 USA

3. Date Incorporated or Qualified
04/29/1987
4. FEI Number 59-2806373 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTARAMIAN, JACK
405 FIFTH AVE. S. #6
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
365 5th AVE SO #201
83
84 City NAPLES FL 85 Zip Code 34102

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	ANTARAMIAN, JACK J.	3725 FORT CHARLES DR.	NAPLES FL	<input type="checkbox"/>
D	LAPPEN, ELIOT	1087 BEACON STREET	NEWTON MA	<input type="checkbox"/>
D	NASSIF, DAVID E.	167 WORCESTER STREET	WELLESLEY MA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 addendum with this filing.

SIGNATURE: [Signature] 4/22/98 9:05 AM (1097)