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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K54244** (4)

1. Corporation Name  
**FLAMBOROUGH LAND, INC.**



Principal Place of Business

Mailing Address

**6320 PRESIDENTIAL CT.  
4-B  
FT MYERS FL 33919  
US**

**6360 PRESIDENTIAL CT.  
4-B  
FT MYERS FL 33919-3501  
US**

3. Date Incorporated or Qualified  
**12/28/1988**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21 12346-3 WOODROSE CT.  
Suite, Apt. #, etc.**

**26 12346-3 WOODROSE CT.  
Suite, Apt. #, etc.**

4. FEI Number

**65-0087449**

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

City & State

**23 FORT MYERS, FL**

City & State

**28 FORT MYERS, FL**

Zip Country

**24 33907**

**25 LEE**

Zip

**29 33907**

Country

**30 LEE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEWAARD, JOHN  
6360 PRESIDENTIAL CT.  
4-B  
FT MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**12346-3 WOODROSE CT.**

83

84 City

**FORT MYERS**

85

Zip Code

**FL 33907**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP VOORTMAN, WILLIAM**  
STREET ADDRESS **940 HWY 5 DUNDAS**  
CITY-ST-ZIP **ONTARIO CA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DV DEWAARD, JOHN**  
STREET ADDRESS **940 HWY 5 DUNDAS**  
CITY-ST-ZIP **ONTARIO CA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DS HUTTON, PATRICIA**  
STREET ADDRESS **940 HWY 5 DUNDAS**  
CITY-ST-ZIP **ONTARIO CA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 included 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: **John Deward**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN DEWAARD**

**4-14-97** **941-489-2200**  
Date Daytime Phone #  
**0402417**

CR2E034 (9/96)