

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K72728 (4)

1. Corporation Name

RON'S ISLAND COURT, INC.



Principal Place of Business

5497 87TH STREET
SEBASTIAN FL 32958
US

Mailing Address

6635 110TH PLACE
SEBASTIAN FL 32958
US

2. Principal Place of Business

21 5497 87TH ST

Suite, Apt. #, etc.

22 City & State

23 SEBASTIAN FL

24 Zip 32958 25 Country And Riv

2a. Mailing Address

26 6635 110TH PL

Suite, Apt. #, etc.

27 City & State

28 SEBASTIAN FL

29 Zip 32958 30 Country

3. Date Incorporated or Qualified

03/14/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0117379

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

g. Name and Address of Current Registered Agent

GAUDET, RONALD F.
6635 110TH PLACE
SEBASTIAN FL 32958

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 607.0602 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-STATE-ZIP

P GAUDET, RONALD F.
6635 110TH PLACE
SEBASTIAN FL 32958

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V DUBINSKY, KAREN
53 COLUMBUS AVE
BUFFALO NY 1420

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V FRANKO, SUZANNE M.
8329 SCHERFF RD
ORCHARD PARK NY 14127

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V CHRISTY, LYNN M.
6 OAKWOOD DR HWY 62
JEFFERSONVILLE IN 49130

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VST GAUDET, JUNE M.
6635 110TH PLACE
SEBASTIAN FL 32958

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP ☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP ☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP ☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP ☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP ☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP ☐ Change ☐ Addition

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP ☐ Change ☐ Addition

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP ☐ Change ☐ Addition

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP ☐ Change ☐ Addition

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP ☐ Change ☐ Addition

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP ☐ Change ☐ Addition

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP ☐ Change ☐ Addition

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-STATE-ZIP ☐ Change ☐ Addition

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-STATE-ZIP ☐ Change ☐ Addition

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-STATE-ZIP ☐ Change ☐ Addition

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-STATE-ZIP ☐ Change ☐ Addition

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-STATE-ZIP ☐ Change ☐ Addition

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-STATE-ZIP ☐ Change ☐ Addition

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-STATE-ZIP ☐ Change ☐ Addition

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-STATE-ZIP ☐ Change ☐ Addition

29.1 TITLE 29.2 NAME 29.3 STREET ADDRESS 29.4 CITY-STATE-ZIP ☐ Change ☐ Addition

30.1 TITLE 30.2 NAME 30.3 STREET ADDRESS 30.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

407 589 0158

Daytime Phone #

CR2E034 (12/95)