

**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 # **K75079** (9)

1. Corporation Name  
**FOUR LAKES DEVELOPMENT CO., INC.**



Principal Place of Business  
**5899 WHITFIELD AVE  
SUITE 200 A  
SARASOTA FL 34243  
US**

Mailing Address  
**5899 WHITFIELD AVE  
SUITE 200 A  
SARASOTA FL 34243  
US**

3. Date Incorporated or Qualified **03/30/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **5887-Whitfield Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **5887-Whitfield Ave**  
Suite, Apt. #, etc.

4. FE Number **65-0231222** Applied For Not Applicable

22 City, State **Sarasota, Fla.**  
23 Zip **34243** Country **Sar.**  
24 City, State **Sar., Fla.**  
25 Zip **34243** Country **Sar.**  
26 City, State **Sar., Fla.**  
27 Zip **34243** Country **Sar.**  
28 City, State **Sar., Fla.**  
29 Zip **34243** Country **Sar.**  
30

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

9. Name and Address of Current Registered Agent  
**TONITIS, SCOTT  
5899 WHITFIELD AVE  
SUITE 200A  
SARASOTA FL 34243**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable) **5887-Whitfield Ave**  
83  
84 City **Sarasota** FL 85 Zip Code **34243**

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 *Scott A. Tonitis* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, JAMES BOYD</b>	
STREET ADDRESS	<b>4102 WOODVIEW DR.</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>TONITIS, PATRICIA</b>	
STREET ADDRESS	<b>7055 WILDERNESS LANE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>TONITIS, SCOTT</b>	
STREET ADDRESS	<b>7055 WILDERNESS LANE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TONITIS, EDWARD D.</b>	
STREET ADDRESS	<b>7055 WILDERNESS LANE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>V-P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<b>S-D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>5117-Madison Dr.</b>	
34 CITY - ST - ZIP	<b>Sarasota, Fla. 34243</b>	
41 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Patricia A. Tonitis* DATE: **April 29, 1996 - 359-8806**

CR2E034 (12/95)