## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75079

(9)

FOUR LAKES DEVELOPMENT CO., INC.

**FILED** Apr 30 1997 8:00am Secretary of State



Principal Place of Business  5887 WHITEFIELD AVE  SAFASOTA FL 34243		Mailing Address  5867 WHITEFIELD AVE  SUITE 200 A  SARASOTA FL 34243-3125		( (88)8111 BII (8880 BII(6 B6)1) (65(8 J9)) 658(1 B19)) BIBI) BIBI) BIBI) BIBI)		
US	UTETU	US			3. Date incorporated or Qualified 03/30/1989	3a. Date of Last Report 05/01/1996
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0231222	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counti	ry	8. This corporation has liability for in	
24	25]	29 30	D			Yes No
TON	9. Name and Address of Curre	ont Registered Agent	8	1 Namo	10. Name and Address of New Reg	gistered Agent
	itis, scott V Whitefield ave		Ľ	Name		
1		83	2 Street Add	dress (P.Ö. Box Number is Not Acceptab	le)	
200/	R ASOTA FL 34243		8;	3		4.
OAN	MOVIM FL 04243					
			B	4 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was aut	horized t	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
SIGNATURE	Signature, typed or printed name of registereo ac	DIONE IN THE PROPERTY OF THE P	te erictue and A.		ured when reinstating)	DATE
12.		NO DIRECTORS	13.	geni signature req	ADDITIONS/CHANGES TO OFFICE	
TITLE	DVP	DELETE	1.1 1111		7,007,1010,017,110,0010	Change Addition
NAME	NELSON, JAMES BOYD	—	1.2 NAME			
STREET ADDRESS 4102 WOODVIEW DR.			13 STREE	ET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		14 CITY-			
TITLE			2 1 11TLE			Change Addition
NAME	TONITIS, PATRICIA		22 NAME			
STREET ADDRESS	7055 WILDERNESS LANE		2 3 S1RL8	EL ADDRESS		
CITY-ST-ZIP SARASOTA FL			2 4 CITY - ST - ZIP			
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	TONITIS, SCOTT		3.2 NAME			
STREET ADDRESS	5117 MEDALIST DR		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY	- ST - ZIP		
TITLE	D	☐ DELETE	4.1 TITLE			Change Addition
NAME	TONITIS, EDWARD D.		4. 2 NAMI	E		
STREET ADDRESS	7055 WILDERNESS LANE		4.3 STREE	1 ADDRESS		
CITY-ST-ZIP	SARASOTA FL	-1 <del>1.11</del> -1	4.4 C(TY -	\$1- <i>7</i> (P		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TITLE		☐ DELFTE	6.1 7(1).€			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	•		6.3 STREE	T ADDRESS		
CITY-ST-ZIP *			6.4 CITY -	ST-ZIP		

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 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 3 if changed, or on an attachment with an address.