

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # K75079 (9)**

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



Principal Place of Business  
**5887 WHITEFIELD AVE SUITE 200 A SARASOTA FL 34243 US**

Mailing Address  
**5887 WHITEFIELD AVE SUITE 200 A SARASOTA FL 34243 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/30/1989**

4. FEI Number  
**65-0231222**

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

2. Principal Place of Business  
 21 **5113 Medalist Rd**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 28 **5113 Medalist Rd**  
 Suite, Apt. #, etc.

22 City & State  
 23 **SARASOTA, FL.**

27 City & State  
 28 **SARASOTA, FL.**

24 Zip **34243** 25 Country **Manatee**  
 29 Zip **34243** 30 Country **MANATEE**

9. Name and Address of Current Registered Agent  
**TONTIS, SCOTT**  
**5887 WHITEFIELD AVE**  
**200A**  
**SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name **Scott Tontis**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5113 Medalist Rd**

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 G. Tontis* **Scott G. Tontis** **4-27-98**

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	<b>DVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JAMES BOYD</b>	1.2 NAME	
STREET ADDRESS	<b>4102 WOODVIEW DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONTIS, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>7055 WILDERNESS LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PDT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONTIS, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>5117 MEDALIST DR 5113</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONTIS, EDWARD D.</b>	4.2 NAME	
STREET ADDRESS	<b>7055 WILDERNESS LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 attachment with an address.

SIGNATURE: *Scott G. Tontis* **Scott G. Tontis** **4-27-98** **941-359-8806**

Signature and typed or printed name of signing officer or director Date Daytime Phone # **0457906**

CR2E034 (10/97)