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Mar 25 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 # **L12829** **(2)**

1. Corporation Name
STANLEY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
550 PARK SHORE DR NAPLES FL 33940	550 PARK SHORE DR NAPLES FL 34103-3537

3. Date Incorporated or Qualified: **08/31/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 5020 Tamiami Trl N
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Naples Fl
Zip
24 FL 34103
Country
25

2a. Mailing Address
26 853 Vanderbilt Beach Rd
Suite, Apt. #, etc.
27 # 348
City & State
28 Naples Fl
Zip
29 34108
Country
30

4. FEI Number: **65-0145509** ☐ 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

9. Name and Address of Current Registered Agent

ROBISON, STEPHEN
550 PARK SHORE DR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 853 Vanderbilt Beach Rd #348
83
84 City Naples **FL** 85 Zip Code 34108

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	ROBISON, STEPHEN V.		1.2 NAME		
STREET ADDRESS	550 PARK SHORE DR		1.3 STREET ADDRESS	853 Vanderbilt Beach Rd #348	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, Fl 34108	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	WEEKS, DAVID		2.2 NAME		
STREET ADDRESS	417 VAIL VALLEY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VAIL CO		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	VAN HEE, KIRK D.		3.2 NAME		
STREET ADDRESS	230 BRIDGE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VAIL CO		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	SLIFER, RODNEY E.		4.2 NAME		
STREET ADDRESS	230 BRIDGE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	VAIL CO		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #