

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L28534** (0)

1. Corporation Name

**THE ORMOND GREEN DEVELOPMENT, INC.**



Principal Place of Business

**17 BROAD RIVER  
ORMOND BEACH FL 32174  
US**

Mailing Address

**P.O. BOX 906  
ORMOND BEACH FL 32175  
US**

3. Date Incorporated or Qualified  
**11/06/1989**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**P.O. Box 730086**

4. FEI Number

**59-2982828**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORMOND BEACH FL.**

Zip

Country

Zip

Country

**32173**

**US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLUB, PAUL F., JR.  
17 BROADRIVER  
ORMOND BEACH, FL 32174**

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 607.0502 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by corporation or its authorized agent and the applicant

Signature by registered agent and the applicant

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |                                            |
|-----------------|----------------------------|--------------------------------------------|
| TITLE           | <b>D</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>HOLUB, PAUL F., SR.</b> |                                            |
| STREET ADDRESS  | <b>1512 POPLAR DR</b>      |                                            |
| CITY - ST - ZIP | <b>ORMOND BEACH FL</b>     |                                            |
| TITLE           | <b>D</b>                   | <input type="checkbox"/> DELETE            |
| NAME            | <b>HOLUB, PAUL F., JR.</b> |                                            |
| STREET ADDRESS  | <b>17 BROAD RIVER</b>      |                                            |
| CITY - ST - ZIP | <b>ORMOND BEACH FL</b>     |                                            |
| TITLE           | <b>D</b>                   | <input type="checkbox"/> DELETE            |
| NAME            | <b>FERNANDEZ, RICHARD</b>  |                                            |
| STREET ADDRESS  | <b>3 TIDEWATER DR</b>      |                                            |
| CITY - ST - ZIP | <b>ORMOND BEACH FL</b>     |                                            |
| TITLE           | <b>D</b>                   | <input type="checkbox"/> DELETE            |
| NAME            | <b>COLLINS, ROBERT</b>     |                                            |
| STREET ADDRESS  | <b>1514 POPLAR</b>         |                                            |
| CITY - ST - ZIP | <b>ORMOND BEACH 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

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |                                                                   |
| 3. STREET ADDRESS   |                                                                   |
| 4. CITY - ST - ZIP  |                                                                   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |                                                                   |
| 7. STREET ADDRESS   |                                                                   |
| 8. CITY - ST - ZIP  |                                                                   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |                                                                   |
| 11. STREET ADDRESS  |                                                                   |
| 12. CITY - ST - ZIP |                                                                   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |                                                                   |
| 15. STREET ADDRESS  |                                                                   |
| 16. 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)(j), 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:

**PAUL F. Holub Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE**

**1-31-96**

DAY

**9046777617**

DAYTIME PHONE #

CR2E034 (12/95)