

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:39

DOCUMENT # **L37845** (9)

1. Corporation Name

LEAWOOD LAKES DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

5600 RADIO RD.
4
NAPLES FL 33942
US

5600 RADIO RD.
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/21/1989** 3a. Date of Last Report **01/19/1994**

4. FEI Number **65-0185763** 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEDMAN, JACK DR
175 GULFSHORE DRIVE, NORTH
NAPLES FL 33940

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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

Jack Freedman Pres

3-27-95

Signature of person authorized to be registered agent and file if applicable

(NOTE: Registered Agent Signature is used when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FREEDMAN, JACK (DR.)
STREET ADDRESS	175 GULFSHORE BLVD, N
CITY - ST - ZIP	NAPLES FL
TITLE	VPD
NAME	DEATON, REYNOLDS
STREET ADDRESS	5600 RADIO RD.
CITY - ST - ZIP	NAPLES FL
TITLE	VPD
NAME	GARGANT, LEE
STREET ADDRESS	5600 RADIO RD.
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	FREEDMAN, RON
STREET ADDRESS	175 GULFSHORE BLVD N.
CITY - ST - ZIP	NAPLES FL
TITLE	DT
NAME	FREEDMAN, MARY
STREET ADDRESS	175 GULFSHORE N.
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>No - Never has been</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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:

Jack Freedman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK FREEDMAN

3-27-95-813-262-6515
DATE (day) (month) (year) (file) (signature) (number)