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FILED

Feb 07 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 # L68308 (0)

1. Corporation Name:  
VNB DEVELOPMENT, INC.



Principal Place of Business

C/O WILLIAM G. MORRIS ESQUIRE  
247 NORTH COLLIER BLVD. SUITE 202  
MARCO ISLAND FL 33937

Mailing Address

C/O WILLIAM G. MORRIS ESQUIRE  
247 NORTH COLLIER BLVD. SUITE 202  
MARCO ISLAND FL 34145-3015

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

05/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34145

25

29

30

4. FEI Number

65-0190006

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

MORRIS, WILLIAM G. ESQUIRE  
247 NORTH COLLIER BLVD.  
SUITE 202  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code  
34145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOFF, JOSEPH	
STREET ADDRESS	727 FAIRLAWN COURT	
CITY-ST-ZIP	MARCO ISLAND-FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VIVIANO, WILLIAM	
STREET ADDRESS	893 LAKESHORE DRIVE	
CITY-ST-ZIP	GROSSE POINT SH MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PFEFFER, JOSEPH	
STREET ADDRESS	1912 SE 36 TERR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, TERI	
STREET ADDRESS	137 CLYBURN WAY EAST	
CITY-ST-ZIP	MARCO ISLAND FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	8401 INDIAN WELLS NAPLES, FL 34113-2602
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Robert Holtz
3.4 CITY-ST-ZIP	8131 Ronda Court Naples, FL 33942
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 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-97 941 394 3114

0416716

CR2E034 (9/96)