

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90048 010 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M29502

1. Corporation Name

TEAM LAND DEVELOPMENT, INC.



Principal Place of Business

**600 FAIRWAY DR
STE 101
DEERFIELD BCH FL 33441
US**

Mailing Address

**600 FAIRWAY DR
STE 101
DEERFIELD BCH FL 33441
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/26/1986

4. FEI Number

59-2659430

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 1132 NE 48th St

Suite, Apt. #, etc.

22

City & State

23 Pompano Bch, FL

Zip

24 33064

Country

25 USA

2a. Mailing Address

26 1132 NE 48th St.

Suite, Apt. #, etc.

27

City & State

28 Pompano Bch, FL

Zip

29 33064

Country

30 USA

9. Name and Address of Current Registered Agent

**CODDINGTON, RONALD J.
600 FAIRWAY DR
SUITE 101
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

**81 Name
Ronald J. Coddington**

**82 Street Address (P.O. Box Number is Not Acceptable)
1132 NE 48th Street**

83

**84 City
Pompano Bch**

FL

**85 Zip Code
33064**

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

Ronald J. Coddington

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

NOTE: Registered Agent signature required when text is changed.

DATE

3-17-99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

**NAME
CODDINGTON, RONALD
STREET ADDRESS
600 FAIRWAY DR, SUITE 101
CITY-ST-ZIP
POMPAHO BEACH FL 33064**

TITLE **VPST** ☐ DELETE

**NAME
CRAMER, BONNIE S.
STREET ADDRESS
600 FAIRWAY DR, SUITE 101
CITY-ST-ZIP
POMPAHO BEACH FL 33064**

TITLE **VP** ☒ DELETE

**NAME
WEILER, LELAND H.
STREET ADDRESS
1132 NE 48TH ST.
CITY-ST-ZIP
POMPAHO BEACH FL 33064**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Bonnie S. Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #