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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

· · · -					·	01-27-1999 90027	003 ***150 00	
DOCUMENT # M66650 1. Corporation Name ACUTON LAYES DEVELOPMENT IL INC.						01-27-1999 90027	003 ***130.00	
ASHTO	n lakes development i	II, INC.						
Principal Place of Business Mailing Address							I MARIE MINIE MENIE MINIE MIL	(1 B) (1) (1 8 (B) (1 B (I))
2951 CLARK RD. 2621 MALL DR								
SARASOTA FL	. 34231	SARASOTA FL	34231					
		US					E IN THIS SPACE	
						3. Date Incorporated or Qualifed 02/02/1988		
2. Principal F	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26				65-0028605		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	1 1	5 Additional
22		27				6. 0011110000000000000000000000000000000	Fee	Required
City & Sta	te	City & Sta	te			6, Election Campaign Financing		May Be
23		28		4		Trust Fund Contribution		d to Fees
Zip	Country	Zip	_	ountry		8. This corporation owes the current	· <u></u>	
24	9. Name and Address of Curre	29	30	1		Personal Property Tax. 10. Name and Address of New Re	Yes	No
	5. Name and Address of Curre	ent Kegistereu Agen	•	81	Name	10. Name and Address of New Ne	gistered Agent	
ROE	BERTS, LAURA				-			
8596 HIDDEN LAGOON SARASOTA FL 34242				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
				83		1.15.00 10.25.00	THE STATE SHEET SHEET SHEET SHEET	
				84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Flo	orida Statutes, the	above	-named corpo	oration submits this statement for the p	urpose of changing	its registered
office or a	registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such cha	ange was authorize	ed by i	the corporation	n's board of directors. I hereby accept	the appointment as	registered
•	•	gations of, decilon oo	1.0000, I londa Ola	atutes.	•			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registere	ed Ageni	t signature required	when reinstating)	DATE	———
12.		AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	FORS IN 12
TITLE	P		DELETE 1.1	TITLE		1 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Chang	e 🗌 Addition
NAME	ROBERTS, ALAN		1.2	NAME				
STREET ADDRESS			1.33		ADDRESS			
CITY-ST-ZIP	SARASOTA FL			SIREEI	ADDRESS			i
TITLE				CITY-ST		·		
NAME	1						Chang	e
			DELETE 2.1	CITY-ST			Chang	9
STREET ADDRESS			DELETE 2.1	CITY-ST TITLE NAME			_ Chang	e
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CITY-ST-ZIP TITLE			DELETE 2.1 221 233 2.4 DELETE 3.1	CITY-ST TITLE NAME STREET CITY-ST	ADDRESS		☐ Chang	
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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 supplied that 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 man attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 27, 1999 8:00am

Secretary of State