

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90253 010 ***300.00

0432949

DOCUMENT # M73847

1. Corporation Name

RIVERLAKE WEST DEVELOPMENT, INC.

Principal Place of Business

**4200 MAHOGANY RUN SE
WINTER HAVEN FL 33884**

Mailing Address

**4200 MAHOGANY RUN SE
WINTER HAVEN FL 33884**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1988

4. FEI Number

59-2934854

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLARK, E. JOHN, III
4200 MAHOGANY RUN SE
WINTER HAVEN FL 33884**

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

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	DS	<input type="checkbox"/> DELETE
NAME	CURRAN, ALBERT F.	
STREET ADDRESS	331 MONTVALE	
CITY-ST-ZIP	WOBURN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEROUX, EDWARD G., JR.	
STREET ADDRESS	331 MONTVALE	
CITY-ST-ZIP	WOBURN MA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CLARK, E. JOHN, III	
STREET ADDRESS	4200 MAHOGANY RUN SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUNN, RAYMOND J., III	
STREET ADDRESS	304 CAMBRIDGE ROAD	
CITY-ST-ZIP	WOBURN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOY, RICHARD P.	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	
CITY-ST-ZIP	WINDHAM NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLEY, EUGENE O.	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	
CITY-ST-ZIP	WINDHAM NH	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)