

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M81670 (5)

1. Corporation Name

CRANBROOK DEVELOPMENT COMPANY



Principal Place of Business

5801 PELICAN BAY BLVD
SUITE 400
NAPLES FL 33963
US

Mailing Address

5801 PELICAN BAY BLVD
SUITE 400
NAPLES FL 33963
US

2. Principal Place of Business

21 5551 RIDGEWOOD DR., #501

Suite, Apt. #, etc.

22 SUITE 501

City & State

23 NAPLES, FL

Zip

24 33963

Country

25 USA

2a. Mailing Address

26 5551 RIDGEWOOD DR., #501

Suite, Apt. #, etc.

27 SUITE 501

City & State

28 NAPLES, FL

Zip

29 33963

Country

30 USA

9. Name and Address of Current Registered Agent

GRANT, RICHARD C. ESQ
5801 PELICAN BAY BLVD
SUITE 400
NAPLES FL 33963

3. Date Incorporated or Qualified

05/16/1988

3a. Date of Last Report

05/31/1995

4. FEI Number

65-0084099

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

81 Name

GRANT, RICHARD C., ESQ.

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

5551 RIDGEWOOD DRIVE

83

SUITE 501

84 City

NAPLES

FL

85 Zip Code

33963

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)

(Date) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVDS	<input type="checkbox"/> DELETE
NAME	REED, DOUG	
STREET ADDRESS	220 Vintage Cr. 104	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EBERHARDT, ERIC E.	
STREET ADDRESS	6170 CYPRESS HOLLOW WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PVT SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REED, DOUG	
1.3 STREET ADDRESS	220 Vintage Cr. 104	
1.4 CITY-ST-ZIP	NAPLES, FL 33999	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Telephone:

CR2E034 (12/95)