

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

FILED

Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86186 (7)
1. Corporation Name
POND ESTATES DEVELOPMENT CO.



Principal Place of Business
11121 HEALTH PK. BLVD. #700
NAPLES FL 33942

Mailing Address
P.O. BOX 2507
BONITA SPRINGS FL 34133-2507
US

3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21 27657 Old US 41 Suite, Apt. #, etc. 22 City & State 23 Bonita Springs Zip 24 FL 34135	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Lee	4. FEI Number 65-0062999 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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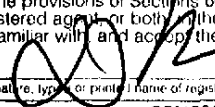
9. Name and Address of Current Registered Agent

ROM, FRANZ
300 NORTHWEST 107TH AVENUE
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name DAVID Puopolo	82 Street Address (P.O. Box Number is Not Acceptable) 27657 Old US 41	83	84 City Bonita Springs	85 FL	86 Zip Code 34135
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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  David Puopolo DATE 6/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCATI, LUIGI	1.2 NAME	
STREET ADDRESS	27854 HICKORY BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	1.4 CITY - ST - ZIP	
TITLE	VDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCATI, ELFRIEDE	2.2 NAME	
STREET ADDRESS	27854 HICKORY BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 

CR2E034 (9/96)