# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2004 8:00 am**
**Secretary of State**
01-26-2004 90056 023 ****70.00

44004328

DOCUMENT # N01000003857

1. Entity Name
DEVELOPMENTALLY DISABLED RESIDENTIAL CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1409 ACADEMY BOULEVARD<br>CAPE CORAL, FL 33990 | 1409 ACADEMY BOULEVARD<br>CAPE CORAL, FL 33990 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1443 Del Prado Blvd | 1443 Del Prado Blvd |
| Suite, Apt. #, etc.: D | Suite, Apt. #, etc.: D |
| City & State: Cape Coral FL | City & State: Cape Coral FL |
| Zip: 33990 Country: Lee | Zip: 33990 Country: Lee |

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1117840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| O'HALLORAN, ROGER E<br>3443 HANCOCK BRIDGE PARKWAY<br>SUITE 501<br>NORTH FORT MYERS, FL 33903 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALEXSY, PETER T<br>4418 N. CANAL DRIVE<br>NORTH FORT MYERS, FL 33903 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Frank Bianca, 841 N. Town & River Drive<br>Fort Myers FL 33909 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLASGOW, ROBERT E<br>11090 HARBOUR YACHT COURT #52C<br>FORT MYERS, FL 33908 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KASSNER, ROBERT<br>1065 SW 57TH STREET<br>CAPE CORAL, FL 33914 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Helene Dopfer, 1407 Academy Blvd.<br>Cape Coral FL 33990 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCOTT, LAURENCE J<br>8690 CYPRESS LAKE DRIVE<br>FORT MYERS, FL 33908 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Erika Foye, PO Box 1416<br>Sanibel FL 33957 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Lillian Till, 714 SW 4th Court<br>Cape Coral FL 33991 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Cynthia Chomey, 3236 Delilah Drive<br>Cape Coral FL 33993 | ☐ Change ☒ Addition |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert E Glasgow Jr 1/13/04 239 772 0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #