2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2005 8:00 am
Secretary of State
02-07-2005 90049 039 *****8.75
02-24-2005 90050 022 ****70.00

DOCUMENT # N01000003857

1. Entity Name
DEVELOPMENTALLY DISABLED RESIDENTIAL CORPORATION

66005645

Principal Place of Business	Mailing Address
1443 DEL PRADO BLVD D CAPE CORAL, FL 33990	1443 DEL PRADO BLVD D CAPE CORAL, FL 33990

01292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 ~~3449 HANCOCK BRIDGE PARKWAY~~ RM ~~SUITE 501~~ RM ~~NORTH FORT MYERS, FL 33903~~ 2180 FIRST STREET SUITE 100 FT MYERS, FLORIDA 33901	Name N/A Street Address (P.O. Box Number Is Not Acceptable) P.O. BOX 540 RM City ~~FT MYERS~~ RM FL Zip Code 33902 RM

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

Filing Fee is $61.25 Due by May 1, 2005

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	VP BIANCA, FRANK 841 N. TOWN 7 RIVER DRIVE CAPE CORAL, FL 33909	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Phyllis L. Brocklehurst 5107 SKYLARK CRT. CAPE CORAL, FL 33904	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLASGOW, ROBERT E 11090 HARBOUR YACHT COURT #52C FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOPFER, HELENE 1407 ACADEMY BLVD CAPE CORAL, FL 33990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERIKA FOYE P.O. BOX 343 PINELAND FL 33945	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOYE, ERIKA PO BOX 1416 SANIBEL, FL 33957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CYNTHIA CHOMEY 3236 DELILAH DR. CAPE CORAL FL 33993	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TILL, LILLIAN 714 SE 4TH COURT CAPE CORAL, FL 33991	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMEN LAHAN 210 NE 2ND ST. CAPE CORAL FL 33990	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOMEY, CYNTHIA 3236 DELILAH DRIVE CAPE CORAL, FL 33993	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA WALKER 859 GENEVA ST. LEHIGH ACRES, FL 33936	☐ 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 1/29/05 239-772-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #