| | | PLEASE READ A | ALL INST | RUCTIO | NS BEFORE C | OMPLET | ING THIS FORM. | 4:: | | |
|-------------------------|---|--|---|---|--|--|--|---|---|--|
| | PLICAT FOR | 10N 95-94 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State | | | | | | | |
| REIN | STATE | MENT | DI | ORPORATIONS | 96 SEP -3 PN 3:40 | | | | | |
| Corporal | | | | COURT TAMA CA GRATE WATER SEE, FLORIDA | | | | | | |
| CLOW | NNS FO | R KIDS FOUNDA | ATION, | INC. | | | 7000019 | MATHER. | | |
| Principal Pla | ace of Busin | ess | Mailing Address | | | -09/05/9601083031 -****236-25 *****236-25 -09/05/9601083032 *****61.25 ******61.25 | | | | |
| | | | | alesmetree pad | enter correction below | | | wor. | | |
| 2. New Prin | ncipal Office 25 Yar | Address, If Applicable mouth Court | ough incorrect information and enter correction below. 3 New Mailing Address, If Applicable Same as #2 Suite, Apt. #, etc | | | 4 Date Incorporated or Qualified To Do Business in Florida January 10, 1994 5. FEI Number Applied For | | | | |
| City & State | lingto | on, FL | City & State | | | 65-0 | 472209 | | applicable | |
| Zip 334 | | Country Palm Beach | Zıp | | Country | 6. CERTIFICAT | | 5 Additional Fe or a Certificate o | | |
| | | ddresses of Each Officer and/ | or Director (Flo | rida nonprofit o | corporations must list at lea | | 1 | | | |
| Title(s) | 2 | and/or Directors | | 3 (Dol | Officer and/or Director NOT Use Post Office Box N | | City / Sta | ite / Zip | | |
| D | Slin | n Chappell | | 13625 | Yarmouth Co | ourt | Wellington, | FL 3 | 3414 | |
| D | Tina | Bunchuk | | 2400 | N.W. 33 St, | #1111 | Ft. Lauderd | ale. FL | 33309 | |
| D | | ie Kossoff | | | Arbor Club | | Boca Raton, | | 433 | |
| D Gail Jahn | | 1309 NE 23 St. | | | | Wilton Mano | rs, FL | 33305 | | |
| | | | | ļ. <u></u> . | | T | ATEMENT C | 15-94 | , | |
| | | | | | RI | Ellao i | | 1.00an | 16/6 | |
| | 8. Na | me and Address of Current | Registered Ag | ent | Name | 9. Name and Address of New Registered Agent 4 | | | | |
| • | | | | Street Address (P.O. Box Number is Not Acceptable) 13625 Yarmouth Court Suite, Apt. #. Etc. | | | | CR2E040 (12 | | |
| | | | | | City Wellin | | FL | Zip Code | 14 | |
| | | the registered agent of the abo | amed corp | oration amina | miliar with and accept the c | bligations of Sec | | / | | |
| Signature of Registered | of I Agent | Sold AI | EGATERED AC | GENT MUST S | SIGN | | Date 8-16-9 | 6 | | |
| 11. Do | oes this ept. of F | corporation pay a Revenue under S. | any intan 199.032 | gible tax , Florida | to the Statutes. Yes | □ No l | | de for information | on | |
| lease t certify | the Division that Fam an that Fam an instatement iwed by the | of Corporations from any liabil officer or director or the rece | ily of non-comp sver or trustee (| empowered to | execute this application as the corporate name satisf | s provided for in ies the requirem accurate, and m | ion stated in Section 119 07(3) mation supplied is deemed exchapler 607 or 617, F.S. I furthents of section 607.0401 or 61 by signature shall have the sar | ner certify that v 17.0401, F.S., a ne legal effect a | when filing and that all as it made | |
| SIGNA | TURE: | | L-JJ/A | SIGNING OFFI | CER OR DIRECTOR | 8-1 | 6-96 (S61) | 753-57 Daytime Phone # | 143 | |

SECURD RUTIOE, CONTONATION WILE DE DISSULTED UN UN AL APPROVED AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) AND **PROFIT** FLORIDA DEPARTMENT OF STATE FILFN CORPORATION Sandra R. Mortham ANNUAL REPORT 1996 SEP 13 AM 8: 34 Secretary of State 1996 DIVISION OF CORPORATIONS SECRETARY OF STATE AMANUAHA SSEE! FEORIDA DOCUMENT # P9500027306 LANDINGS IMPROVEMENT COMPANY 400001940484 Principal Place of Business Mailing Address -09/06/96--01003--008 2854 Becca Ave ****61.25 *****61.25 Naples, FL 34112 3. Date Incorporated or Qualified 3a. Date of Last Report April 6, 1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2854 Becca Ave. 2854 Becca Ave. 65-0570700 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Naples, FL Naples. Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032. 29 25 Collier 34112 Collier Yes X No 34112 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Dale H. Steinberg Street Address (PO Box Number is Not Acceptable) 2854 Becca Ave. Naples, FL 34112 83 84 City Zip Code 11. Fursuant 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607 0505. Florida Statutes. Dale H. Steinberg, President SIGNATURE $\frac{8}{26/96}$ Signature, typed or printed name of registered agent and the diapplicable (Nr) IE Registered Agent signature required when ininstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 THE PDT X Change Addition Dale H. Steinberg 2854 Becca Ave. NAME 1.2 NAME Dale H. Steinberg STREET ADDRESS 1.3 STREET ADDRESS 2854 Becca Ave. Naples, FL 34112 CITY-ST-ZIP 14 CITY - ST ZIP Naples, FL 34112 TITLE DELETE **VDS** 21 TITLE Change Addition David Steinberg NAME 2.2 NAME 2854 Becca Ave. STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP Naples, FL 34112 2 4 CITY - ST - ZIP TITLE DELETE 3 I TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST ZIP TITLE DELETE 41 THEE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP

64 CITY ST 71P 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 amount report or suppliemental annual report is true and accurate and that mys groature shall have the same legal effect as if made under eath, that I am another or of rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that he have a specific and the corporation of the corpor

5 1 TITLE

5.2 NAME

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6.2 NAME

5 3 STREET ADDRESS

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STREET ADDRESS

CITY ST-ZIP

CITY ST ZIF

David Steinberg

826/96 (941) 775-3333

Change Addition

Change

| AMOUNT DI | UE ON OR BEFORE 8/7/96: | \$225 (IF DISSOLVED | OLVED ON OTERS TO | DUE TO REINSTATE: \$3 | 375) | | | |
|--------------------------------|--|--|--|---|---|----------------------|--|--|
| | PROFIT PRPORATION | | FLORIDA DEPA | RIMENT OF STATE | | FILED | | |
| | JUAL REPORT | | | B Mortham ary of State | | | | |
| 1996 | | | | CORPORATIONS | | 1996 SEP [3 AM 8: 34 | | |
| POCU I. Corporat | JMENT #P95 | 00027306 | | | SECRETARY OF STATE ORT | | | |
| | LANDINGS | IMPROVEM | ENT COMPAN | Y | | | | |
| Principal Pla | ce of Business | <u>-</u> | Mailing Address | | 400001940484 | | | |
| | 2854 Bec | ca Ave | | | -09/06/9601003008 *****61.25 *****61.25 | | | |
| | Naples, | FL 34112 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified April 6, 1995 | | | |
| 7-7 | Place of Business 4 Becca Ave | · 26 | . Maifing Address 2854 Bec | an Arra | 4. FEI Number Applied For | | | |
| Suite, Apt | #, elc | | Suite, Apt #, etc | ca Ave. | 65-0570700 Not Applica | ble | | |
| City & Sta | ile | 27 | City & State | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | 1 | | |
| 23 Naj | ples, FL | 28 | Naples, | FL | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be | | | |
| Zip | Country 25 CO | <u>. </u> | Zıp | Country | This corporation has lightly for the light | | | |
| | 9. Name and Addres | 1 1 1 er 29 ss of Current Regis | 34112 Stered Agent | 30 Collie | er Florida Statutes | | | |
| | Dale H. S | Steinberg | | 81 Name | e | | | |
| | 2854 Becc | ca Ave. | | 02 Street | el Address (P.O. Box Number is Not Acceptable) | | | |
| <u> </u> | Naples, 1 | FL 34112 | | 83 | | | | |
| | | | | 84 Cily | | _ | | |
| 11. Pursuant office or | to the provisions of Section | ons 607.0502 and 6 | 07.1508, Florida Statute | es, the above-named | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I bereby accept the appropriate control of the purpose of changing its registered providers. | | | |
| | | by the applications of | . ספכווטוו זאנו מאווא דוה | rida Statutor | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | t | | |
| SIGNATURE | Signature typed or printed name | of registered agent and title | Presiden | T: F. Registered Agent signature | 8/26/96 | | | |
| 12. | OF TO | FICERS AND DIREC | JORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| NAME | Bais H. s | Steinberg a Ave. | DELETE | 1 1 TITLE 1 2 NAME | PDT X Change Addition | iOЛ | | |
| STREET ADDRESS CITY-ST-ZIP | Naples, F | ca Ave. L 34112 | | 13 STREET ADDRESS | Dale H. Steinberg 2854 Becca Ave. | | | |
| TITLE | VDS | | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | Naples, FL 34112 | | | |
| NAKE | David Ste | | C) state | 22 NAME | Change Additi | on | | |
| STREET ADORESS CITY - ST - Zip | 2854 Becc Naples, F | | | 2.3 STREET ADDRESS | | | | |
| TITLE | | H 01112 | DELETE | 2 4 CITY - ST - ZIP 3 1 TITLE | | | | |
| NAME STREET ADORESS | | | | 3.2 NAMF | Change Additi | ภา | | |
| CITY-ST-ZIP | | | | 3 3 STREET ADDRESS | | | | |
| TITLE | | | DELETE | 34 CITY - ST - ZIP 41 TITLE | Change Addition | | | |
| STREET ADDRESS | | | | 4 2 NAME | Change [] Addition |)n | | |
| CITY-ST-ZIP | | | | 4 3 STREET ADORESS 4 4 CITY - ST - ZIP | | | | |
| TIFLE HARPE | | | DELETE | 5 t TITLE | Change Addition | _ | | |
| STREET ADDRESS | | | | 5 2 NAME | | | | |
| CIFY-ST-7IP TITLE | | | · — • • • · · · · · · · · · · · · · · · | 5.3 STREET ADDRESS 5.4 City - St - Zip | | | | |
| NAME | | | DELETE | 6 I TITLE | Change Addition | - | | |
| STREET ADDRESS | | | | 6 2 NAME 6 3 STREET ADDRESS | 19 | | | |
| 11. I do hereb | y certify that the informati | Un supplied with this | Ning is volunted by | 64 City - St. ZIP | 1 13 9 | œ | | |
| further cer made under | tify that the information incernation incernation and office | dicated on this arinu | remig is voluntarily forn ial report or supplement terporation or the receiv | isned and does not q tal annual report is tru yet or trustee assess | qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 rue and accurate and that my signature shall have the same legal effect as if vered to execute this report as required by Chapter 617, Florida Statutes, and | | | |
| | | Hlock 13 if change | d, econ an attachment | with an address | screen to execute this report as required by Chapter 617, Florida Statutes, and | | | |
| SIGNATI | URE: SIGNATURE A | NO TYPED ON PRINTED N | AME OF SIGNING OFFICE IT OF | avid Stein | inserg 8/26/96 (941) 775-333 | 5 | | |