

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000091793

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** GLADES HAVEN RESORT DEVELOPMENT, INC.

**Current Principal Place of Business:**

801 COPELAND AVENUE  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 367  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

**FEI Number:** 22-3869970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, ROBERT A JR.  
3897 SEVENTH AVENUE SW  
EVERGLADES CITY, FL 34117 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MILLER, ROBERT A JR.  
**Address:** 3897 SEVENTH AVENUE SW  
**City-St-Zip:** NAPLES, FL 34117

**Title:** VPD  
**Name:** MILLER, PATRICIA  
**Address:** 9090 THE LANE  
**City-St-Zip:** NAPLES, FL 34109

**Title:** SD  
**Name:** MILLER, ROBERT A  
**Address:** 9090 THE LANE  
**City-St-Zip:** NAPLES, FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PATRICIA MILLER

VPD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date