

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90044 029 \*\*\*150.00

**DOCUMENT # P03000091774**

1. Entity Name  
**TOUCHSTONE AT RAPALLO, INC.**



Principal Place of Business  
**23750 OLD LIGHTHOUSE ROAD  
BONITA SPRINGS, FL 34135**

Mailing Address  
**23750 OLD LIGHTHOUSE ROAD  
BONITA SPRINGS, FL 34135**

**50004472**



2. Principal Place of Business  
**8001 VIA RAPALLO**  
Suite, Apt. #, etc.

3. Mailing Address  
**8001 VIA RAPALLO**  
Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State  
**ESTERO FL**  
Zip  
**33928** Country  
**LEE**

City & State  
**ESTERO, FL**  
Zip  
**33928** Country  
**LEE**

4. FEI Number  
**20-0186833** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PASSIDOMO, KATHLEEN C ESQ  
2640 GOLDEN GATE PKWY STE 305  
NAPLES, FL 34105**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **WALLACE, JAMES P**  
STREET ADDRESS **34135 OLD LIGHTHOUSE ROAD**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **V** ☒ Delete  
NAME **SYABODA, JOHN**  
STREET ADDRESS **23750 OLD LIGHTHOUSE RD**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **ST** ☐ Delete  
NAME **DWIER, ED**  
STREET ADDRESS **23750 OLD LIGHTHOUSE RD**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **V** ☐ Delete  
NAME **WALLACE, DEBBI**  
STREET ADDRESS **23750 OLD LIGHTHOUSE RD**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT/ASST SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VICE PRESIDENT/SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8001 VIA RAPALLO**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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: *Ed Dwier* VP **1/5/05** **239-948-2929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #