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FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34091 (9)

1. Corporation Name  
LODESTONE REALTY MANAGEMENT, INC.

Principal Place of Business  
4100 HALDEMAN CREEK DR  
NAPLES FL 33962  
US

Mailing Address  
4343 YACHT HARBOR DR  
NAPLES FL 34112-4225  
US



2. Principal Place of Business  
21 4029 Lighthouse Lane

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State  
23 Naples, FL

27 City & State

24 Zip 34112 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified  
05/28/1991

3a. Date of Last Report  
04/12/1996

4. FEI Number  
31-1326257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEREN, DIETER	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ULEN, ILONA	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIEBERSBACH, JOHN	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VANFLEET, JOHN	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANSON, AARON I	
STREET ADDRESS	4100 HALDEMAN CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSON, SUSAN	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V Laurence A. Mullins
5.3 STREET ADDRESS	4029 Lighthouse Lane
5.4 CITY-ST-ZIP	Naples, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN HANSON

4/10/97

941-774-2300

Date

Daytime Phone #

0414827

CR2E034 (9/96)