

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P92000009953 (0)**

1. Corporation Name

**ANDERSON BAY DEVELOPMENT, INC.**

**FILED**  
95 JUL 31 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2187 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 33942**

Mailing Address

**2187 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/07/1992**

3a. Date of Last Report

**04/29/1994**

4. FEI Number

**65-0381167**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**25**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMATO, LOUIS X  
350 FIFTH AVENUE S.  
SUITE 200  
NAPLES FL 33940**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PDST  
ANDERSON, JIM  
2187 TRADE CENTER WAY, SUITE 3  
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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