

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011048 (5)

1. Corporation Name

CALYDON PROPERTIES, INC.



Principal Place of Business

404 COURTSIDE DR
NAPLES FL 33940

Mailing Address

801 LAUREL OAK DRIVE
STE. 303
NAPLES FL 33963-2764
US

2. Principal Place of Business

2a. Mailing Address

21 801 Laurel Oak Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 303

27

City & State

City & State

23 Naples, FL

28

Zip Country

Zip

Country

24 339363-2764 25 Collier

29

30

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
04/17/1995

4. FEI Number
65-0388369

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

PARRY, TIMOTHY R
800 LAUREL OAK DR
STE 500
NAPLES FL 33963-2738

81 Name Kathleen C. Passidomo
82 Street Address (P.O. Box Number is Not Acceptable)
2640 Golden Gate Parkway
83 Suite 315
84 City Naples FL 85 Zip Code 33942

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Kathleen C. Passidomo

(NOTE: Registered Agent signature required when reinstating)

2/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D/ P/S/T ☒ Change ☐ Addition

NAME HEDINGER, ALFRED F
STREET ADDRESS 404 COURTSIDE DR
CITY-STATE-ZIP NAPLES FL 33940

1.2 NAME Hedinger, Alfred F.
1.3 STREET ADDRESS 404 Courtside Drive
1.4 CITY-STATE-ZIP Naples, FL 33940

TITLE ☐ DELETE

2.1 TITLE

D/VP ☐ Change ☒ Addition

NAME PASSIDOMO, KATHLEEN C.
STREET ADDRESS 2640 GOLDEN GATE PARKWAY
CITY-STATE-ZIP NAPLES FL 33942

2.2 NAME Passidomo, Kathleen C.
2.3 STREET ADDRESS 2640 Golden Gate Parkway, Suite 315
2.4 CITY-STATE-ZIP Naples, FL 33942

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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

2/29/96

(941) 261-3453

Date Daytime Phone #

CR2E034 (12/95)