

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000001146 (8)

1. Corporation Name

SUNSET HARBOR DEVELOPMENT CORPORATION

Principal Place of Business

**500 FLEMING STREET
KEY WEST FL 33040**

Mailing Address

**500 FLEMING STREET
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0396629

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

21 600 Front Street

Suite, Apt. #, etc.

22 Suite B-7

City & State

23

Zip

Country

24

2a. Mailing Address

26 600 Front Street

Suite, Apt. #, etc.

27 Suite B-7

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SPOTTSWOOD, ROBERT A
500 FLEMING STREET
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

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

600 Front Street

83

Suite B-7

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

NAME

SPOTTSWOOD, ROBERT A

STREET ADDRESS

500 FLEMING STREET

CITY - ST - ZIP

KEY WEST FL

TITLE

DS

NAME

SPOTTSWOOD, JOHN M JR

STREET ADDRESS

500 FLEMING STREET

CITY - ST - ZIP

KEY WEST FL

TITLE

D

NAME

SPOTTSWOOD, WILLIAM B

STREET ADDRESS

500 FLEMING STREET

CITY - ST - ZIP

KEY WEST FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

600 Front Street, Suite B-7

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 1407, 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

3/22/95

Date

(305) 294-3000

Telephone Number