

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000032072 (9)

1. Corporation Name

ERIN LAKE DEVELOPMENT GROUP, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 8:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**6732 LONE OAK BLVD
NAPLES FL 33942
US**

**6732 LONE OAK BLVD
NAPLES FL 33942
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

65-0416973

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

2a. Mailing Address

21 6708 Lone Oak Blvd

26 6708 Lone Oak Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naples FL

28 Naples FL

Zip

Country

Zip

Country

24 33942

25

29 33942

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASSIDOMO, KATHLEEN C
800 LAUREL OAK DR.
SUITE 400
NAPLES FL 33963**

81 Name

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

2640 Golden Gate Parkway, Suite 315

83 **Grey Oaks Building**

84 City **Naples**

FL

85 Zip Code **33941**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MARTIN, DAN**
STREET ADDRESS **6732 LONE OAK BLVD**
CITY - ST - ZIP **NAPLES FL**

TITLE **D**
NAME **STOLLER, IVAN**
STREET ADDRESS **6732 LONE OAK BLVD**
CITY - ST - ZIP **NAPLES 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

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **6708 Lone Oak Blvd**
14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **6708 Lone Oak Blvd**
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 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 this 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: **X** *Ivan Stoller* **Ivan Stoller**

4/19/95

813-597-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #