

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032072 (9)

1. Corporation Name

ERIN LAKE DEVELOPMENT GROUP, INC.



Principal Place of Business

Mailing Address

6708 LONE OAK BLVD
NAPLES FL 33942
US

6708 LONE OAK BLVD
NAPLES FL 33942
US

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

04/24/1995

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip 34109 Country

Zip 34109 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY SUITE 315
GREY OAKS BUILDING
NAPLES FL 33941

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 of the person submitting this report and the person appointed as registered agent.

(NOTE: Registered Agent's signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARTIN, DAN
STREET ADDRESS 6708 LONE OAK BLVD
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE D
NAME STOLLER, IVAN
STREET ADDRESS 6708 LONE OAK BLVD
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ivan Stoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

941-597-7555

FILE

Expire Date

CR2E034 (3/96)