FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

NAPLES FL 34105-3203

or on an attachment with an address

SUITE 304

2640 GOLDEN GATE PARKWAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2640 GOLDEN GATE PARKWAY

SUITE 304

NAPLES FL 33942



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033286 (4)

CRONACHER GARDEN WALK, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0472656 26 Suite Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired ZFee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zω 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRONACHER, ROY W 2640 GOLDEN GATE PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 304 NAPLES FL 33942 83 84 City Zip Code 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 Torida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the ubligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of Sections 60; 22 SIGNATURE Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PSD Addition DELETE Change 1.1 TITLE TITLE CRONACHER, ROY W. 1.2 NAME 2840 GOLDEN GATE PARKWAY STE. 304 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33942 Dily-St- 7P 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THUS NAM: 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CUTY - ST - ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TIFLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-20 DELETE Change Addition 5.1 TITLE MILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CHTY - \$1 - 76 DELETE 6.1 TITLE Change Addition 181.F 6.2 NAME NAME 6.3 STREET ADDRESS SUBEET ACCORESS 6.4 CITY-ST-ZIP CITY - ST. 7F 14. I do hereby certify that the information supplied with this fund does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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

FILED May 13 1997 8:00am Secretary of State

3a. Date of Last Report

05/01/1996



3. Date Incorporated or Qualified

05/06/1993