

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 # P93000036192 (1)

1. Corporation Name

LANCASTER SQUARE DEVELOPMENT CORPORATION



Principal Place of Business

**600 FIFTH AVE S
SUITE 210
NAPLES FL 33940**

Mailing Address

**600 FIFTH AVE S
SUITE 210
NAPLES FL 33940**

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **600 Fifth Avenue South**

2a. Mailing Address

26 **600 Fifth Avenue South**

4. FEI Number

65-0415460

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 207**

Suite, Apt. #, etc.

27 **Suite 207**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **Naples, FL**

City & State

28 **Naples, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33940**

Country

25 **USA**

Zip

29 **33940**

Country

30 **USA**

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

**BRUGGER, CAROL R
% FORSYTH, BRUGGER, REINA & BOURGEOIS, P.A.
600 FIFTH AVE S SUITE 210
NAPLES FL 33940**

81 Name
Carol R. Brugger

82 Street Address (P.O. Box Number is Not Acceptable)
600 Fifth Avenue South

83 **Suite 207**

84 City
Naples,

85 Zip Code
FL 33940

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 607.0509, Florida Statutes.

SIGNATURE

Carol R. Brugger
Signature, typed or printed name of registered agent and title if applicable.

DATE: Registered Agent signature required when reinstating.

April 16, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BRUGGER, JOHN N**
STREET ADDRESS **600 FIFTH AVE S SUITE 210**
CITY - ST - ZIP **NAPLES FL 33940**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **John N. Brugger**
1.3 STREET ADDRESS **600 Fifth Avenue South, #207**
1.4 CITY - ST - ZIP **Naples, FL 33940**

TITLE ☐ DELETE
NAME **STEINER, ANTON**
STREET ADDRESS **% 600 FIFTH AVE S SUITE 210**
CITY - ST - ZIP **NAPLES FL 33940**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Anton Steiner**
2.3 STREET ADDRESS **600 Fifth Avenue South, #207**
2.4 CITY - ST - ZIP **Naples, FL 33940**

TITLE ☐ DELETE
NAME **ST BRUGGER, JOHN N.**
STREET ADDRESS **600 5TH AVENUE SOUTH, SUITE 210**
CITY - ST - ZIP **NAPLES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **John N. Brugger**
3.3 STREET ADDRESS **600 Fifth Avenue South, #207**
3.4 CITY - ST - ZIP **Naples, FL 33940**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

Date

Daytime Phone #

4-16-96

941-263-6000

CR2E034 (12/95)