

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

~~200 FIFTH AVE S~~  
~~207~~  
~~NAPLES FL 34102~~  
~~207~~

~~600 FIFTH AVE S~~  
~~207~~  
~~NAPLES FL 34102-6615~~  
~~207~~

2. Principal Place of Business

21 3867 Midshore Drive

2a. Mailing Address

26 3867 Midshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples, Florida

City & State

28 Naples, Florida

Zip

24 34109

Country

25 USA

Zip

29 34109

Country

30 USA

9. Name and Address of Current Registered Agent

BRUGGER, CAROL R

~~600 FIFTH AVENUE S~~  
~~207~~

~~600 FIFTH AVE S SUITE 210~~

~~NAPLES FL 34102~~

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0415460

Applied For

Not Applicable

6. 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

10. Name and Address of New Registered Agent

81 Name

Carol R. Brugger

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

83

600 Fifth Avenue South, #207

84 City

Naples

FL

85

Zip Code  
34102

11. Pursuant to the provisions of Sections 607.0602 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUGGER, JOHN N	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, 207	
CITY - ST - ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEINER, ANTON	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, 207	
CITY - ST - ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRUGGER, JOHN N.	
STREET ADDRESS	600 FIFTH AVENUE SOUTH, 207	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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

John N. Brugger, Pres.

(941) 263-6000

CR2E034 (9/96)