

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 # P93000072011 (8)

1. Corporation Name

CABOT POINTE I, INC.



Principal Place of Business

406 SARASOTA QUAY  
SARASOTA FL 34236

Mailing Address

406 SARASOTA QUAY  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
10/11/1993

3a. Date of Last Report  
08/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

63-0447489

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, MICHAEL  
1800 SECOND STREET  
SUITE 850  
SARASOTA FL 34236

81

Name

WILLIAM D NIVEN

82

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

406 SARASOTA QUAY

83

84

City

SARASOTA

FL

85

Zip Code

34236

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 reinstating)

DATE

4 30 96

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

REUTTER, THOMAS DR.

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

EVP

NAME

NIVEN, WILLIAM D

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

VPT

NAME

SCHUETZ, JAMES

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

VP

NAME

CARDER, ERIC

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

S

NAME

NARDONE, MARK

STREET ADDRESS

406 SARASOTA QUAY

CITY-ST-ZIP

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

4 30 96

362-9556

Date

Daytime Phone #

CR2E034 (12/95)