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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE!

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Jan 15 1997 8:00am

Secretary of State

241-775-5355

DOCUMENT # **P93000076701**1. Corporation Name

## SUN DEVELOPMENT OF NAPLES CORPORATION

2663 AIRPORT ROAD SO NAPLES FL 33962		2683 AIRPORT ROAD SO NAPLES FL 34112-4875									
					3. Date Incorporated or Qualified						
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Ap	plied For		
21		26				<b>59-3217544</b> Not Applica				t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State	0	City & State	City & State			Election Campaign Financin     Trust Fund Contribution	~ <b>—</b>	\$5.00 May Be Added to Fees			
Ζιp	Country	The second secon				8. This corporation has liability	<del></del> -				
24	25	29	30			Florida Statutes					
<del></del> ,	9. Name and Address of Curre			Τ		10. Name and Address of New	Registered	Agent			
BAR'	TOLO, ANTHONY			81	Name						
	GULF SHORE BLVD. NO			82	Stroot Ad	Idress (P.O. Box Number is Not Acce	otoblo)				
	LES FL 33940			Ш	Sireet Au	Idless (F.O. Box Number is Not Acce	Jiaule)				
				83							
				84	City		FL	85	Zip (	Code	
11. Pursuant office or ragent. La	to the provisions of Soctions 607.050 registered agent, or both, in the State m familiar with, and accept the oblig	02 and 607,1508. Florida Stat e of Florida: Such change was ations of, Section 607,0505, I	utes, the a s authorize Florida Sta	above ed by atutes	-named co the corpor	orporation submits this statement for the ration's board of directors. I hereby ad	on numone o	of chang pointme	ging its ent as	s registered registered	
SIGNATURE	Sagnatine Type is on printed in the lot registered ap	ortano ine dapoleable (N	OTE: Rocester	ed Anei	ol signature rec	quired when reinstating)	DATE				
12.		ID DIRECTORS	13.	_ <u>-</u>		ADDITIONS/CHANGES TO O		D DIRE	CTOR	S IN 12	
TITLE	D	DELETE	1.1 7	ITLE			<u> </u>	☐ CI	nange	☐ Addition	
NAMÉ	BARTOLO, ANTHONY		1.21	NAME							
STREET ADDRESS	4000 GULF SHORE BLVD. NO		1.3 9	STREET	ADDRESS						
CITY-ST-ZIP	NAPLES FL 33940		1.4 (	CITY-S	r-ZIP						
TITLE	D	☐ DELETE	DELETE 2.17					C	nange	☐ Addition	
NAME	MARESCHAL, GILBERT		2.21	2.2 NAME							
STREET ADDRESS	185 OACKWOOD DR.		2.3 S		ADDRESS						
CHY-ST-ZIP	NAPLES FL 33942		2.4	2. 4 CITY - ST- ZIP							
TITLE	ס	DELETE	3.11	FITLE	*****			CI	nange	Addition	
NAME	CARVALLO, ROGER		3.21	NAME							
STREET ADDRESS	121 BALTUSROL DR		3.3 9	STREET	ADDRESS						
CITY-ST-7IP	NAPLES FL 33962		3.4.	CITY - S	.T- ZIP						
TITLE		DELETE	4.1.1	TITLE				CI	nange	Addition	
NAME			4.2	NAME							
STREET ADDRESS			4.3 9	STREET	ADDRESS						
CITY - ST - ZiF			4.4 (	CITY-S	T-ZiP						
TITLE		DELETE	5.11	TITLE	1			C	nange	Addition	
NAME			5.2	NAME							
STREET ADDRESS			5.3 5	STREET	ADDRESS						
CITY-ST Z#			5.4	CITY-S	T-ZIP						
TITLE		☐ DELETE		TITLE			<del></del>	□c	hange	Addition	
NAME.			62	NAME							
STREET ADDRESS			63	STREET	ADDRESS						

6.4 City - St - ZIP 14. I do hereby certily 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