FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076756 (4)

1. Corporation Name

COMMUNITY DEVELOPMENT CORPORATION/PALM BEACH, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1100 FIFTH AVE S STE 401 NAPLES FL 33940	1100 FIFTH AVE S STE 401 NAPLES FL 33940

3. Date Incorporated or Qualified: 10/29/1993

3a. Date of Last Report: 03/02/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

24: 25: 29: 30:

4. FEI Number: 65-0447392 — 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 satisfied the requirements under s. 112.061, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSIDOMO, JOHN M
4001 TAMIAMI TRAIL N
STE 300
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 821 FIFTH AVENUE SOUTH

83:

84 City: NAPLES — FL — 85 Zip Code: 33940

11. Pursuant to the provisions of Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S)

(Signature of New Registered Agent, if changing) (Signature of Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-D)
21 TITLE: D	31 TITLE: Director, Sec, Treas, Pres — XX Change ☐ Addition
22 NAME: KAYE, STUART O	32 NAME: Kaye, Stuart O.
23 STREET ADDRESS: 1100 FIFTH AVE S #401	33 STREET ADDRESS: 1100 Fifth Avenue South Suite 401
24 CITY-ST-ZIP: NAPLES FL 33940	34 CITY-ST-ZIP: Naples, Florida 33940
	35 TITLE: ☐ Change ☐ Addition
	36 NAME:
	37 STREET ADDRESS:
	38 CITY-ST-ZIP:
	39 TITLE: ☐ Change ☐ Addition
	40 NAME:
	41 STREET ADDRESS:
	42 CITY-ST-ZIP:
	43 TITLE: ☐ Change ☐ Addition
	44 NAME:
	45 STREET ADDRESS:
	46 CITY-ST-ZIP:
	47 TITLE: ☐ Change ☐ Addition
	48 NAME:
	49 STREET ADDRESS:
	50 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this report is absolutely truthful and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requests to it is true and accurate and that my signature shall be 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 13 above with an address.

SIGNATURE: Stuart O. Kaye (813)649-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

012101 CP