**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # **P94000005921 (9)**

1. Corporation Name
**PALOMINO VILLAGE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5027 TAMIAMI TR E~~<br>~~NAPLES FL 33962~~ | ~~5027 TAMIAMI TR E~~<br>~~NAPLES FL 33962~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2063 Trade Center Way
Suite, Apt. #, etc. 22:
City & State 23: Naples FL
Zip 24: 33942 Country 25: Collier

2a. Mailing Address
26: Same
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0405454 ☐ 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

THRUSHMAN, GENE
~~5027 TAMIAMI TR E~~
~~NAPLES FL 33962~~

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 2063 Trade Center Way
93
94 City: Naples FL 95 Zip Code: 33942

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: _____ 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | THRUSHMAN, GENE | 12 NAME | |
| STREET ADDRESS | ~~5027 TAMIAMI TR E~~ | 13 STREET ADDRESS | 2063 Trade Center Way |
| CITY-ST-ZIP | ~~NAPLES FL 33962~~ | 14 CITY-ST-ZIP | Naples, FL 33942 |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition |
| NAME | GORMAN, JAMES H | 22 NAME | |
| STREET ADDRESS | ~~4185 7TH ST S~~ | 23 STREET ADDRESS | 2063 TRADE CENTER WAY |
| CITY-ST-ZIP | ~~NAPLES FL 33940~~ | 24 CITY-ST-ZIP | NAPLES, FL 33942 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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:** _____ 3/21/95 813-793-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130710 CP