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May 01 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 # P94000005921 (9)

1. Corporation Name
PALOMINO VILLAGE, INC.



Principal Place of Business

2065 TRADE CENTER WAY
NAPLES FL 33942
US

Mailing Address

2065 TRADE CENTER WAY
NAPLES FL 34109-6244
US

3. Date Incorporated or Qualified
01/14/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 11216 Tamiami Tr. N.

2a. Mailing Address

26 11216 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 341

27 Suite 341

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Zip

24 34110

29 34110

Country

Country

25 Collier

30 Collier

4. FEI Number

65-0465454

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

THRUSHMAN, GENE

2065 TRADE CENTER WAY

NAPLES FL 33942

81 Name

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

748 Wiggins Bay Dr.

83

84 City Naples

FL

85 Zip Code 34109

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME THRUSHMAN, GENE
STREET ADDRESS 2065 TRADE CENTER WAY
CITY-STATE-ZIP NAPLES FL

TITLE D
NAME GORMAN, JAMES H
STREET ADDRESS 2065 TRADE CENTER WAY
CITY-STATE-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 748 Wiggins Bay Dr.
1.4 CITY-STATE-ZIP Naples, FL 34109

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

4/11/97

Date

941-591-0222

Daytime Phone #

0414004

CR2E034 (9/96)