

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 21 1997 8:00am  
Secretary of State

DOCUMENT # **P94000013302 (2)**

1. Corporation Name

**VENTANA DEVELOPMENT COMPANY, INC.**



Principal Place of Business

**492 E EAU GALLIE BLVD  
INDIAN HARBOUR FL 32937**

Mailing Address

**492 E EAU GALLIE BLVD  
INDIAN HARBOUR FL 32937-4207**

3. Date Incorporated or Qualified

**02/14/1994**

3a. Date of Last Report

**05/01/1996**

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. FEI Number

**59-3227192**

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

**MCWILLIAMS, TIMOTHY F  
492 E EAU GALLIE BLVD  
INDIAN HARBOUR FL 32937**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**11** **DPST** ☐ DELETE

**NAME** **MCWILLIAMS, TIMOTHY F**  
**STREET ADDRESS** **492 E EAU GALLIE BLVD**  
**CITY-ST-ZIP** **INDIAN HARBOUR FL 32937**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11** ☐ Change ☐ Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0104725

CR2E034 (9/96)