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Feb 12 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 # P94000037273 (7)

1. Corporation Name
LAGUNA DEVELOPERS, INC.



Principal Place of Business

2375 TAMiami TRAIL NORTH, STE. 208
NAPLES FL 33940

Mailing Address

2375 TAMiami TRAIL NORTH, STE. 208
NAPLES FL 34103-4439

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
3838 TAMiami TR. N., #410

22 City & State
NAPLES, FL.

23 Zip
34103

25 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.
3838 TAMiami TR. N., #410

27 City & State
NAPLES, FL.

28 Zip
34103

30 Country
USA

4. FEI Number
65-0499962

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

CHEFFY, JANE Y
2375 TAMiami TRAIL NORTH, STE. 207
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name J. THOMAS CONROY III
82 Street Address (P.O. Box Number is Not Acceptable)
975-6TH AVENUE SO.
83 SUITE 101
84 City NAPLES FL 85 Zip Code 33940

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

2/7/97

12. OFFICERS AND DIRECTORS

TITLE DPVS ☐ DELETE
NAME KESSOUS, MICHAEL
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE
NAME KESSOUS, MICHAEL
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3838 TAMiami TR. N., #410
1.4 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3838 TAMiami TR. N., #410
2.4 CITY-ST-ZIP NAPLES, FL 34103

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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

1-23-97

941-649-1230

CR2E034 (9/96)