

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90079 045 ***150.00

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1. Corporation Name

**RIVERWALK OF THE PALM BEACHES DEVELOPMENT COMPAN
Y, INC.**

Principal Place of Business

**4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418**

Mailing Address

**4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

65-0496407

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418**

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

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 **P** ☐ DELETE
NAME **SHANNON, WILLIAM E.**
STREET ADDRESS **4500 PGA BLVD SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☒ DELETE
NAME **SHANNON, WILLIAM E**
STREET ADDRESS **4500 PGA BLVD SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VST** ☐ DELETE
NAME **OWEN, JACK B JR**
STREET ADDRESS **4500 PGA BLVD SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☐ DELETE
NAME **DIVOSTA, OTTO B**
STREET ADDRESS **4500 PGA BLVD. STE. 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **V** ☐ DELETE
NAME **GREENE, RICHARD E.**
STREET ADDRESS **4500 PGA BLVD., SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **SMITH, HARMON D.**
1.3 STREET ADDRESS **4500 PGA BLVD. SUITE 400**
1.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

2.1 TITLE **VS** ☐ Change ☒ Addition
2.2 NAME **STOLLER, JOHN R.**
2.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
2.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

3.1 TITLE **V** ☒ Change ☐ Addition
3.2 NAME **OWEN, JACK B. JR.**
3.3 STREET ADDRESS **4500 PGA BLVD., SUITE 400**
3.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

4.1 TITLE **VT** ☐ Change ☒ Addition
4.2 NAME **ROBINSON, BRUCE E.**
4.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
4.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **O'BRIEN, MARK J.**
5.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
5.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **CREGG, ROGER A.**
6.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
6.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

William E. Shannon as Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Shannon as President

Date

Daytime Phone #

(561) 627-2112

CR2E034 (11/98)