

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # P94000039442 (6)

1. Corporation Name

BLACKFOREST DEVELOPMENT CORPORATION

Principal Place of Business

205 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

205 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/20/1994

4. FEI Number

65-0503091

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFMAN, WALTER H
205 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HORMAN, WALTER H

STREET ADDRESS

205 NORTH COLLIER BLVD.

CITY - ST - ZIP

MARCO ISLAND FL 33937

TITLE

1.1 TITLE

PRES

☒ Change

☐ Addition

1.2 NAME

HOFMANN, WALTER H

1.3 STREET ADDRESS

5277 TREE TOPS DRIVE

1.4 CITY - ST - ZIP

NAPLES FL 33962

2.1 TITLE

VP

☐ Change

☒ Addition

2.2 NAME

BUTZ, NIKLAUS

2.3 STREET ADDRESS

5245 TREE TOPS DRIVE

2.4 CITY - ST - ZIP

NAPLES FL 33962

3.1 TITLE

S

☐ Change

☒ Addition

3.2 NAME

SCHIMEK, ROBERT

3.3 STREET ADDRESS

1750 HUMMINGBIRD COURT

3.4 CITY - ST - ZIP

MARCO ISLAND FL 33937

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Walter H. Hofmann HOFMANN

02-17-95

Date

Signature of Registered Agent