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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000052799 (1)

VINTAGE BAY DEVELOPMENT CORPORATION

Principal Place of Business Mailing Add		Mailing Address			AL MILLO LEBIT TROUD LÉGIS PROFICOS
1400 GULFSHORE BLVD. STE. 223 NAPLES FL 34102		1400 GULFSHORE BLVD. STE. 223 NAPLES FL 34102		DO NOT WRITE IN TI	HIS SPACE
				3. Date incorporated or Qualified 07/18/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0513879	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	e current year intangible √ Yes  No
[47]	9. Name and Address of Curi			10. Name and Address of New Registe	
PFEUFFER, WILLIAM A			B1 Name M	arnell, Mary A. ESQ.	
1124 GOODLETTE RD.					<u></u>
NAPLES FL 34102			58	ress (P.O. Box Number is Not Acceptable) 11 Pelican Bay Blvd., St	e. 210
}			83		
	·		84 City Na	ples	FL 85 Zip Code 34108
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					
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	Them A. T.	rainell			Pd
SIGNATURE	Signature, typed or printed name of registered	agent and little it applicable (	(NOTE: Registered Agent signature requi		
12.		AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TOLE		Change Addition
NAME BARON, AVI		1.2 NAME			
STREET ADDRESS	1400 GULFSHORE BLVD. S	itt. 223	1.3 STREET ADDRESS		ſ
CITY-ST-ZIP	NAPLES FL 34102	DELETE	1.4 CITY - ST - ZIP		Change   Addition
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		DEEE IL	3.2 NAME		C Stignige C Medition
STREET ADDRESS			3.3 STREET ADDRESS		;
CITY-ST-ZIP			3.4. CITY - ST - ZIP		}
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		•
CTOCCT ADDOCCC			6 2 CIDECT ADDDECC		

6.4 CITY-ST-ZIP 14. I hereby certify that the information applied 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 applicmental 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

**FILED** 

Apr 15 1998 8:00am

Secretary of State