

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056226 (1)

1. Corporation Name

~~REAL ESTATE BY DESIGN INC.~~ YHB REALTY, INC.,  
*name changed 12/12/94*

Principal Place of Business  
~~101 WILLOUGHBY DRIVE~~  
~~NAPLES FL 33942~~

Mailing Address  
101 WILLOUGHBY DRIVE  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/29/1994 3a. Date of Last Report N/A

4. FEI Number 65-0540814 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7181 College Parkway  
Suite, Apt. #, etc. Suite 38

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Fort Myers FL

City & State

28

Zip 33907

Country Lee

Zip

Country

9. Name and Address of Current Registered Agent

BURKE, YVONNE H  
101 WILLOUGHBY DRIVE  
NAPLES FL 33942  
P.O. Box 811  
Estero, FL 33928-0811

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7181 College Parkway  
83 Suite 38  
84 City Fort Myers FL 85 Zip Code 33907

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 President  
NAME Yvonne H. Burke  
STREET ADDRESS 17753 Park Village Blvd.  
CITY-ST-ZIP Ft. Myers, FL 33908

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 100001494411  
14 CITY-ST-ZIP -05/19/95--01032--017  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Yvonne H. Burke*  
Yvonne H. Burke

4/26/95

813-277-9088