**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000061205

1. Corporation Name

SAND SPRINGS PROFESSIONAL BUILDING, INC.

					{\$0,000,000 (10 101) 016)   0611   0011   0011   0011   011E	INDIA HARI	4 MAIRI BISS 1881		
Principal Place	Mailing Address	<b>SS</b>							
3501 BONITA B	YA BLVD	3501 BONITA BAY BLVD							
SUITE 408		SUITE 400			DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE			
BONITA SPRINGS FL 33923		BONITA SPRINGS FL 33923 US							
us .					1	3. Date Incorporated or Qualifed 08/18/1994			
		Q- Mailing Address			4. FE! Number		pplied For		
_	ace of Business	2a. Mailing Address					ot Applicable		
21		26			65-0513903		Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required		
22		27				<del></del>			
City & State		City & State			()		May Be to Fees		
23		28			Trust Fund Contribution		to rees		
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intang	Yes	<b>¼</b> No		
24	25		30		Personal Property Tax.  10. Name and Address of New Registered Age		- R1140		
	9. Name and Address of Current	Registered Agent	81	Name		***			
CAN	TWELL, DENNIS.		"	Name	<u></u>				
		82 S		Stree	et Address (P.O. Box Number is Not Acceptable)				
3501 BONITA BAY BLVD		'							
BUN	ITA SPRINGS FL 33923		83						
	,		84	City	[6	5 Zip	Code		
	25		[ .	'	FL				
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, to 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.									
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered agent. Lam familiar with and agent the obligations of Section 607.0505. Florida Statutes.									
1. 111V 12h 12 or 11 V D 5 h									
SIGNATURE	Signature, typed pripled name of registered agen		gistered Age	nt signature	re required when reinstating) DATE				
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND [				
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	CANTWELL, DENNIS		1.2 NAME		<u>.</u>				
STREET ADDRESS	3651 KEY LIME CT	,	1.3 STREE	TADDRES	\$ 10580 WOODCHUCK LANE				
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-S	T-ZIP	BONTA SPRINGS, FL 34/3	5			
TITLE		☐ DELETE	2.1 TITLE		/	Change	☐ Addition		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	1 ADDRES	ss				
\	1		2. 4 CITY-						
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	V1 - 401		Change	Addition		
ł			3.2 NAME			ŕ			
NAME			3.3 STREE	T ADDDES	ee l		}		
STREET ADDRESS					SS				
CITY-ST-ZIP		☐ DELETÉ	3.4. CITY-9 4.1 TITLE	S1-21P		Change	Addition		
TITLE	<b>'</b> .	- Detterit				, <b>J</b> -			
NAME	•	'	4. 2 NAME						
STREET ADDRESS			4.3 STREE		SS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition		
TITLE		☐ DELETE	5.1 TITLE		_	) Change			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		SS				
CITY-ST-ZIP		, ,	5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		[	] Change	Addition		
NAME		,	6.2 NAME		50 Miles				
CTREET ADORESS			6.3 STREE	TADDRES	ss   The state of	· · · · ·			

14. I 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 807, 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90084 043 \*\*\*150.00