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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P94000076754 (8)**

1. Corporat	DEVELOPERS OF WYNI		(5)						
Principal Place of Business Mailing Address						3 10011001 01 10 10 10 10 10 10 10 10 10			UFIRT UTUS (801
2375 N TA SUITE 208 NAPLES F		SUITE 208	2375 N TAMIAMI TRAIL SUITE 208 NAPLES FL 33940						
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••			 Date Incorporated or Qualified 10/19/1994 	3a. Da	te of Last Re	port 5
2. Principal	Place of Business	2a. Mailing Addres	S		···········	4. FEI Number	_ 	A	pplied For
i		26	26			65-0542732 Not Applicable			
_ Suite, Ap ⊵	t. #, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & St	ale	City & State				6. Election Campaign Financing		\$5.00	May Be
3		28	·			Trust Fund Contribution			to Fees
Ziρ	Country	Zip		Country		8. This corporation has liability for		tax under s	199.032,
1	25	29	30	0]			□ No		
	9. Name and Address of C	urrent Hegistered Agent		81	10. Name and Address of New Registered Agent				
041311	TODI LEG I			81	Name				
SALVATORI, LEO J				82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
4501 TAMIAMI TRAIL N									
SUITE 300				83					
NAPLI	ES FL 33940-3060			84	City			85 Zip	Code
11. Pursuar	of to the provisions of Sections 607	7,0502 and 607,1508, Florida	Stalutes, t	the above-r	named corpo	pration submits this statement for the pur	FI rpose of cl		egistered offic
		of Florida, Such change was au f, Section 607.0505, Florida St	uthorized to tatutes.	by the corp	oration's boa	oration submits this statement for the purard of directors. I hereby accept the app	ointment a	is registered	agent. I am
SIGNATURE	Skjoat nor typed or protest name of register	ed agent and tille if applicable	(NOTE B	legeitarád Agui	l signature requir	ed when reinstating)	DATE		
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12
riu F		PTSD DELETE		1 1 TOTLE				Change	Addition
ΙΑΜ ί	KESSOUS, MICHAEL			1.2 NAME					
THEET ACCURES		208		1.3 STREET	ADORESS				
HEY-ST-ZIP	NAPLES FL			1.4 CITY - S	T-ZIP				
H), F		DELET	ŧ	2 1 TITLE				Change	Addition
yAMi				22 NAME					
SPHEEL ADDRES	s			2 3 STREET	ADDRESS				
DIN-SI-ZIP	ļ			2.4 CITY - 9	T - ZIP				
ff LE		DELET	F	3 1 TITLE				☐ Change	☐ Addition
NAME				3 2 NAME					
SUBSELLADORES	\$			3 3 STREE	T ADDRESS				
0111 - 81 - 716				3.4 C/TY - 9	ST - ZIP				
1-16		DELET	E	4 1 TITLE	T			☐ Change	☐ Addition
NAME:				4 2 NAME					
STREET ADDRESS	s			4 3 STREE	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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the proportion or the receiver of turstee 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 DILE

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

Cli St ZP

STREET AUDRESS

STREET ADDRESS

(D) Y + \$1 - Z|P

THLE

NAME

100

NAMi

NING OFFICER OR DIRECTOR

1/19/96 941-649-1230

☐ Change

☐ Addition

☐ Change ☐ Addition