## 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 # P95000025515 (4)

COURT	TNEY LAKES DEVELOPMEN	NT, INC.						
Principal Plac	e of Business	Mailing Address				(1) <b>Gu</b> lli <b>Ge</b> ek <b>Du</b> lle	ADDI DALTI DIIRI	FICOLOFFI FOR
250 INTERNATIONAL PARKWAY SUITE 220 HEATHROW FL 32746 250 INTERNATIONAL PARK SUITE 220 HEATHROW FL 32746					DO NO	T WRITE IN THE	S SPACE	
					3. Date Incorporated or Q	ualified		
					03/30/1995			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	_	`` ТД/	Applied For
26					<u>59-3305701</u>			Not Applicable
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired 🕅		Additional Required	
City & State City & State					6. Election Campaign Fina	neing	\$5.0	O May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes o	or has paid the c		
24	25	29	30		Personal Property Tax of		<u> </u>	∐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of	New Registere	d Agent	
MA	VCKINNON, ALEXANDER C		81	Name	,			
255 S. ORANGE AVENUE				Stree'	Address (P.O. Box Number is Not A	Acceptable)		
SUITE 800				1 0				
ORLANDO FL 32801			63					
			84	City		F	85 Zip	p Code
office or r agent. + a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig				d corporation submits this statement rporation's board of directors. I here re required when reinstaling)	by accept the appearance		is registered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DVP	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	MCCLINTOCK, JOHN H		1.2 NAME					
STREET ADDRESS	250 INTERNATIONAL PARKY	vay, suite 220	1.3 STREE	T ADDRESS				
CITY - ST - ZIP	HEATHROW FL		1.4 CITY-	ST-ZIP				
TITLE	DP	DELETE	21 TITLE				Change	Addition
NAME	OGIER, GERALD D		2.2 NAME					
STREET ADDRESS	250 INTERNATIONAL PARKY	VAY, SUITE 220	2.3 STAE	T ADDRESS				
CITY-ST-ZIP	HEATHROW FL		2 4 CITY-	-ST-ZIP	<u> </u>			
TITLE	VPST	DELETE	3 1 TITLE	_			Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				ļ
CITY-S1-ZIP	LAKE MARY FL		3.4. CITY	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE				Change	Addition
NAME	MCDANIEL, DAVID G.		4. 2 NAMI	Ē				
STREET ADDRESS	203 VISTA OAKS DRIVE		4.3 STREE	T ADDRESS				,
CITY - ST - ZIP			4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE :		5.1 TtTLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	t address				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>			
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	\$1 - ZIP	440.07(0)(5) 5(-14-0)			

4. 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 suppliemental 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:

Tolor Schiffer John Schaffer

3/25/98

(407) 333-0066

**FILED** 

Apr 27 1998 8:00am

Secretary of State

CR2E034 (10/97)