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PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 JUL 10 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097381 (4)**

1. Corporation Name

TOUCHSTONE DEVELOPMENT OF NAPLES, INC.

Principal Place of Business	Mailing Address
7900 AIRPORT ROAD NORTH NAPLES FL 33942	7900 AIRPORT ROAD NORTH NAPLES FL 33942

2. Principal Place of Business
21: 6900 Goodlette Road
22: Suite, Apt. #, etc.:
23: City & State: Naples Florida
24: Zip: 34109 — 25: Country: US

2a. Mailing Address
26: 6900 Goodlette Road
27: Suite, Apt. #, etc.:
28: City & State: Naples Florida
29: Zip: 34109 — 30: Country: US

3. Date Incorporated or Qualified: **12/15/1995** — 3a. Date of Last Report:

4. FEI Number: 65-0631556 — ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY STE 315
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: 700001889507
82 Street Address (P.O. Box Numbers Is Not Acceptable): 960706-01055-018 ****225.00 ****225.00
83:
84 City: FL — 85 Zip Code:

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JAMES 7900 AIRPORT ROAD NORTH NAPLES FL 33942 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD WALLACE, JAMES 6900 GOODLETTE ROAD NORTH NAPLES FL 34109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JOSEPH 7900 AIRPORT ROAD NORTH NAPLES FL 33942 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SD WALLACE, JOSEPH 6900 GOODLETTE ROAD NORTH NAPLES FL 34109 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V SVOBODA, JOHN 6900 GOODLETTE ROAD NORTH NAPLES FL 34109 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T SILVERSTEIN, WILLIAM 6900 GOODLETTE ROAD NORTH NAPLES FL 34109 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: William Silverstein 6/21/96 (941) 566-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR