

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 010 ***150.00

DOCUMENT # P96000048704

1. Corporation Name

PALM SHORES DEVELOPMENT CORPORATION

Principal Place of Business

24840 BURNT PINE DR

#4

BONITA SPRINGS FL 33134

Mailing Address

24840 BURNT PINE DR

#4

BONITA SPRINGS FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

65-0673437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3781 CATBRIER CT.

Suite, Apt. #, etc.

22

City & State

23 BONITA SPRINGS FL

Zip

24 34134

Country

25 USA

2a. Mailing Address

26 P.O. Box 347072

Suite, Apt. #, etc.

27

City & State

28 BONITA SPRINGS FL

Zip

29 34136

Country

30 USA

9. Name and Address of Current Registered Agent

CARVER, DOUGLAS J
24840 BURNT PINE DR

#4

BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3781 CATBRIER COURT

83

84 City

BONITA SPRINGS FL

85 Zip Code

34134

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.

DOUGLAS J. CARVER

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME KURLANDER, CLYDE

STREET ADDRESS 3510 WILD INDIGO LANE

CITY-ST-ZIP BONITA SPRINGS FL

TITLE PSTD ☐ DELETE

NAME CARVER, DOUGLAS J

STREET ADDRESS 24840 BURNT PINE DR

CITY-ST-ZIP BONITA SPRINGS FL 33134

TITLE D ☐ DELETE

NAME CARVER, ROBIN

STREET ADDRESS 24840 BURNT PINE DR

CITY-ST-ZIP BONITA SPRINGS FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS J. CARVER

DATE

4/25/99

DAYTIME PHONE #

941-498-9177