

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90065 016 \*\*\*150.00

**DOCUMENT # P96000094610**

1. Entity Name

**RAM DEVELOPMENT COMPANY**



Principal Place of Business

**3399 PGA BLVD  
STE 450  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**3399 PGA BLVD  
STE 450  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0711144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PETER D. CUMMINGS ASSOCIATION  
3399 PGA BLVD  
STE 450  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DI	<input type="checkbox"/> Delete
NAME	CUMMINGS, PETER D	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CUMMINGS, KEITH L	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	DEAN, DAVID A	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREANER, IVY G	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	EV	<input type="checkbox"/> Delete
NAME	HAMOR, ROBERT H	
STREET ADDRESS	3399 PGA BLVD SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENGLISH, BETTY	
STREET ADDRESS	3399 PGA BLVD STE 450	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDO, ERNESTO	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALY, STEPHEN P.	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANN, URI P.	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, ROBERT M.	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORRIN, TODD A.	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TJARKSEN-ROUSSEAU, SUSAN	
STREET ADDRESS	3399 PGA BLVD, SUITE 450	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**KEITH L. CUMMINGS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-15-05 (561) 630-6110**