

\$1,500.00

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90145 030 \*\*\*150.00

DOCUMENT # P97000004581

1. Corporation Name

LUXURY HOMES AT MARSH LINKS, INC.



Principal Place of Business

349 14TH AVENUE SOUTH  
NAPLES FL 34102

Mailing Address

349 14TH AVENUE SOUTH  
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

65-0734516

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Naples, FL

Zip

24 34108-2709

Country

25 USA

2a. Mailing Address

26 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Naples, FL

Zip

29 34108-2709

Country

30 USA

9. Name and Address of Current Registered Agent

WILSON, GARY K  
4501 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

WILSON, GARY K.

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

5801 PELICAN BAY BLVD.

83

SUITE 300

84

City NAPLES

FL

85

Zip Code 34108-2709

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 (indicate if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D

STREET ADDRESS OUVERSON, THOMAS H

CITY-ST-ZIP 711 18TH AVENUE SOUTH

NAPLES FL 34102

TITLE ☐ DELETE

NAME D

STREET ADDRESS STONE, DAVID A

CITY-ST-ZIP 14323 S OUTER 40 RD, STE 120 SOUTH

TOWN & COUNTRY MO 63017

TITLE ☐ DELETE

NAME D

STREET ADDRESS STONE, JOHN

CITY-ST-ZIP 104 BON CHATEAU

ST LOUIS MO 63141

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P, D ☒ Change ☐ Addition

OUVERSON, THOMAS H.

4551 GULF SHORE BLVD. N., #206

NAPLES, FL 34103

☐ Change ☐ Addition

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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

14/9/99

Date

941-290-5440

Daytime Phone #

CR2E034 (11/98)