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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022692 (2)

CAPE CORAL LAND TRUST DEVELOPMENT GROUP, INC.								1 120/1004 INC 10/14 100/11 00/14 00/11 E0/11 00/14 14/15 4/15/16 4/15/16 4/15/16 16/16 16/16 16/16	
Principal Place of Business Mailing Address									-}
2703 SW 32ND ST. 2703 SW 32ND ST. CAPE CORAL FL 33914 CAPE CORAL FL 33914									DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
									03/07/1997
2. Principal Place of Business					2a. Mailing Address				4. FEL Number Applied For
21					26				65-073930 Not Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & State -					City & State				6. Election Campaign Financing \$5.00 May Be
23	Zip Country								Trust Fund Contribution
24		25	riti y	29	Zip	Counti	У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name		iress of Current		ered Agent	1301	-		10. Name and Address of New Registered Agent
	LEN, RICH					8	ī	Name	
2703 SW 32ND ST.						82	82 Street Address (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33914									
						84	84 (85 Zip Code
44 D							┙	L	FL 65 25 COOR
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co-office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								⊩named corpo • the corporatic ₃,	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE									
Signature, gred or printed name of registered agent and title if applicable (fine) 12. OFFICERS AND DIRECTORS							: Registered Agont signature require		d when renstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President				DELETE			T	Change Addition
NAME)		1.2 NAME	-		- · -
STREET ADDRESS	Richard C Aller \$ 2705 SW 32 KG				S+		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAX	C C	OTAL FC	_3	3414	1.4 CITY-	ST	T-ZIP	
TITLE			sident		DELETE	2.1 TITLE	_		Change Addition
NAME	KATHLEEN AllEN 2703 SW 32 - ST CAPE COVAL FC 339					2.2 NAME			
STREET ADDRESS	ESS 2703 SW 32 ~ S				+		23 STREET ADORESS		
CITY-ST-ZIP	CAP	e c	orac f	۲	33914	2. 4 CITY	<u>- S1</u>	T-ZIP	
TITLE	'				☐ DELETE	3.1 TITLE			Change Addition
NAME						3.2 NAME			
STREET ADDRESS	EET ADDRESS						T	ADDRESS	•
CITY-ST-ZIP	ZIP				T ociete		3.4. CITY-S1-7IP		
TITLE	-				DELETE	4.1 TITLE			Change Addition
	NAME					4. 2 NAME		1	
STREET ADDRESS						4.3 STREET ADDRESS		1	
CITY-\$T-ZIP					The series	4.4 CITY-ST-ZIP		1-ZIP	
TITLE					DELETE 5.1 T				L_] Change L_] Addition
NAME					5.2 N/				ı
STREET ADDRESS						5.3 STREE			
CITY-ST-ZIP					DELETE	5.4 CITY -	51	i - ZIP	Channa Ladding
TITLE					☐ DELETE	6.1 TITLE			Change Addition
NAME						6 2 NAME			

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.

SIGNATURE

CITY-\$1-ZIP

2 Call

1-3-98

800-986-3664

FILED

Feb 03 1998 8:00am

Secretary of State