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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000038560 (3)

1. Corporation Name

TWINEAGLES DEVELOPMENT, INC.

Principal Place of Business

4099 TAMiami TrL. N. STE. 301
NAPLES FL 34103

Mailing Address

4099 TAMiami TrL. N. STE. 301
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

59-3445383

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHECHTER, JOEL H
3001 TAMiami TrL. N.
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

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

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

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

COLOSIMO, JAMES R

4099 TAMiami TrL. N., STE. 301

NAPLES FL 34103

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

COLOSIMO, JAMES R

4099 TAMiami TrL. N. SUITE 305

NAPLES FL 34103

☒ Change ☐ Addition

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

V

STORY, JOHN

4099 TAMiami TrL. N., SUITE 305

NAPLES FL 34103

☐ Change ☒ Addition

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP

S

COLOSIMO, KAREN

4099 TAMiami TrL. N., SUITE 305

NAPLES FL 34103

☐ Change ☒ Addition

41 TITLE NAME STREET ADDRESS CITY-ST-ZIP

T

O'CONNELL, JOHN

4099 TAMiami TrL. N., SUITE 305

NAPLES FL 34103

☐ Change ☒ Addition

51 TITLE NAME STREET ADDRESS CITY-ST-ZIP

000002510900

-05/05/98--01061--037

***150.00

☐ Change ☐ Addition

61 TITLE NAME STREET ADDRESS CITY-ST-ZIP

82

5/4

62 TITLE NAME STREET ADDRESS CITY-ST-ZIP

63 TITLE NAME STREET ADDRESS CITY-ST-ZIP

64 TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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

JOHN O'CONNELL 11/24/03 11/24/03-3034

CR2E034 (10/97)