

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90043 033 ***150.00

DOCUMENT # P97000088237

1. Entity Name
RONTO DEVELOPMENTS PARKLANDS, INC.



Principal Place of Business
**3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES, FL 34104 US**

Mailing Address
**3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES, FL 34104 US**

40050000



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3474808

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, KENNETH E
3185 HORESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SOLOMON, A. JACK
STREET ADDRESS	3185 HORSESHOE DRIVE S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	TAYLOR, MARK S.
STREET ADDRESS	3185 HORSESHOE DRIVE S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	REINDERS, JAMES M
STREET ADDRESS	3185 HORSESHOE DR S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	AS
NAME	BLOOM, KENNETH E.
STREET ADDRESS	3185 HORSESHOE DRIVE S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VPST
NAME	WELKS, KAREN E.
STREET ADDRESS	3185 HORSESHOE DRIVE S
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	FARRAR, BRIAN F.
STREET ADDRESS	3185 HORSESHOE DRIVE S
CITY-ST-ZIP	NAPLES, FL 34104

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

239-649-6310

Daytime Phone #