

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90046 017 ***150.00

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1. Entity Name
Y DEVELOPMENT, INC.



Principal Place of Business
240 S PINEAPPLE AVE
10TH FLOOR
SARASOTA, FL 34236

Mailing Address
POST OFFICE BOX 49948
SARASOTA, FL 34230-6948

40021210



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0826257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAND, STEVEN C
1991 MAIN ST
BOX 183
SARASOTA, FL 34236

**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 _____
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, 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 D
NAME BAND, DAVID S
STREET ADDRESS 240 S PINEAPPLE AVE, 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME KANE, STANLEY B
STREET ADDRESS 539 NORSTOA WAY
CITY-ST-ZIP SARASOTA, FL 34242

TITLE D
NAME KANE, DANIEL
STREET ADDRESS 1127 WESTWAY DRIVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/6/07* Daytime Phone #