

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90033 045 \*\*\*150.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # P98000076158**

1. Corporation Name

**CROSSPOINTE DEVELOPMENT, INC.**
 Principal Place of Business  
 3003 TAMiami TRAIL NORTH  
 NAPLES FL 34103

 Mailing Address  
 3003 TAMiami TRAIL NORTH  
 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1998**

2. Principal Place of Business

 21 Suite, Apt. #, etc.  
 22 Suite 400

23 City &amp; State

24 Zip Country

2a. Mailing Address

 26 Suite, Apt. #, etc.  
 27 Suite 400

28 City &amp; State

29 Zip Country

4. FEI Number

**59-3531572**
 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

9. Name and Address of Current Registered Agent

**FLORA, TERRY L**  
**3003 TAMiami TRAIL NORTH**  
**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 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

 Collier, Miles C.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

V/D

 Flood, Thomas J.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

V

 Taylor, Michale O.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

V/D

 Birr, Jeffrey M.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

V/S/D

 Flora, Terry L.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

V/T

 O'Connor, John D.  
 3003 Tamiami Trail North, Suite 400  
 Naples, FL 34103

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

**Terry L. Flora**

4/19/99

Date

(941) 261-4455

Daytime Phone #

CR2E034 (11/98)

572400-90014-4  
Doc # P98000076158

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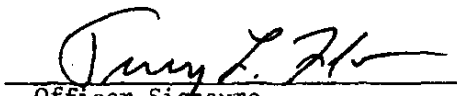
FLORIDA DEPARTMENT OF STATE  
PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #P98000076158

CROSSPOINTE DEVELOPMENT, INC.

Block 13 Continued

| Title          | AT                                  | Addition |
|----------------|-------------------------------------|----------|
| Name           | Corina, Robert D.                   |          |
| Street Address | 3003 Tamiami Trail North, Suite 400 |          |
| City, sSt, Zip | Naples, FL 34103                    |          |

  
Officer Signature

4/19/99  
Date

941-261-4455  
Daytime Phone