

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000020248

1. Entity Name
WINTERVIEW COURT DEVELOPMENT, INC.



**FILED
Apr 24, 2008 8:00 am
Secretary of State**

04-24-2008 90108 003 ***150.00

Principal Place of Business 2930 IMMOKALEE RD SUITE 4 NAPLES, FL 34110 US		Mailing Address 2930 IMMOKALEE RD SUITE 4 NAPLES, FL 34110 US	
2. Principal Place of Business - No P.O. Box # <i>2950 Immokalee Rd. #2</i>		3. Mailing Address <i>2950 Immokalee Rd. #2</i>	
Suite, Apt. #, etc. <i># 2</i>		Suite, Apt. #, etc. <i># 2</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
Zip <i>34110</i>	Country <i>USA</i>	Zip <i>34110</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent SALUAN, ANDREW J 2630 IMMOKALEE RD SUITE 4 NAPLES, FL 34110			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code			



02192008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3558046		Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent SALUAN, ANDREW J 2630 IMMOKALEE RD SUITE 4 NAPLES, FL 34110		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code		

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SALUAN, ANDREW J 2930 IMMOKALEE RD STE 4 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Andrew J. Saluan

4/22/08

235-576-5000

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR