
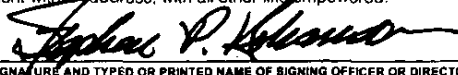


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90301 001 ***300.00

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # P99000046911 1. Entity Name FLORIDA BAY AT OLDE CYPRESS, INC. | | | |  | |
| Principal Place of Business 3200 BAILEY LANE SUITE 117 NAPLES, FL 34105 | | | Mailing Address 3200 BAILEY LANE SUITE 117 NAPLES, FL 34105 | | |
| 2. Principal Place of Business - No P.O. Box # 750 11th Street South | | 3. Mailing Address 750 11th Street South | | | |
| Suite, Apt. #, etc. Suite 203 | | Suite, Apt. #, etc. Suite 203 | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 59-3579029 | |
| Zip 34102 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PASSIDOM, JOHN 821 5TH AVE. S. #201 NAPLES, FL 34102 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHEPHERD, NICK 3200 BAILEY LANE NAPLES, FL 34105 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Shepherd, Nick 750 11th Street South, Suite 203 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOKANSON, STEPHAN P 3200 BAILEY LANE NAPLES, FL 34105 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Hokanson, Stephen P 750 11th Street South, Suite 203 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 4/29/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # 317-633-6300 | | |
| Stephen P. Hokanson, VP | | | | | |

66005510



04292008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE:  **4/29/08** Daytime Phone # **317-633-6300**

Stephen P. Hokanson, VP