FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26035** **(3)**

1. Corporation Name

DEVELOPERS OF SOUTHWEST FLORIDA REALTY, INC.

Principal Place of Business	Mailing Address
201 W MARION AVE SUITE 301 PUNTA GORDA FL 33950-4497	201 W MARION AVE SUITE 301 PUNTA GORDA FL 33950-4497

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0240511 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
201 W MARION AVE
SUITE 301
PUNTA GORDA FL 33950

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☒ Change ☐ Addition
NAME	GODBEY, DAVID	1.2 NAME	VP PETER ODELL
STREET ADDRESS	1421 EARLE STREET	1.3 STREET ADDRESS	1601 ARK ROYAL CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	CRIST, DOUGLAS E	2.2 NAME	
STREET ADDRESS	2305 BOLLMAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, LEWIS D	3.2 NAME	
STREET ADDRESS	316 E MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3/31/95 813-639-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03/09/93 CP