

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S26035 (3)

1. Corporation Name

DEVELOPERS OF SOUTHWEST FLORIDA REALTY, INC.



Principal Place of Business

201 W MARION AVE
SUITE 301
PUNTA GORDA FL 33950-4497

Mailing Address

201 W MARION AVE
SUITE 301
PUNTA GORDA FL 33950-4497

3. Date Incorporated or Qualified
01/18/1991

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1250 MARION AVE

26 1250 MARION AVE

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

PUNTA GORDA FL

PUNTA GORDA, FL

24 Zip 33950

Country

29 Zip 33950

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

DOUGLAS E. CRIST

82 Street Address (P.O. Box Number is Not Acceptable)

83

1250 W. MARION AVE

84 City

PUNTA GORDA FL

85 Zip Code 33950

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

DOUGLAS E. CRIST, PRES

(NOTE: Registered Agent signature required for reinstating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME ~~DELL, PETER~~
STREET ADDRESS ~~1801 PARK BEACH CIRCLE~~
CITY-ST-ZIP ~~PUNTA GORDA FL~~

☒ DELETE

TITLE PS
NAME CRIST, DOUGLAS E
STREET ADDRESS 2305 BOLLMAN DRIVE
CITY-ST-ZIP LANSING MI

☐ DELETE

TITLE VPT
NAME JOHNS, LEWIS D
STREET ADDRESS 316 E MICHIGAN AVE
CITY-ST-ZIP LANSING MI

☐ DELETE

TITLE ~~VP~~
NAME ~~FRED LEONARD~~
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

VP
FRED LEONARD
601 SHREVE ST
PUNTA GORDA, FL 33950

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

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)(k), 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 changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/96

941-639-4220

CR2E034 (12/95)