

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19963 13-96

B

2185

OFFICE OF CORPORATIONS

C

DOCUMENT # S51169 (8)

1. Corporation Name

ISLES GARDEN VILLAS DEVELOPMENT COMPANY

Principal Place of Business

161 GULFVIEW RD
1215 GORDA CAY LANE
PUNTA GORDA FL 33950
US

Mailing Address

161 GULFVIEW RD
PUNTYA GORDA FL 33950
US



3. Date Incorporated or Qualified

05/09/1991

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0264181

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, T H
161 GULFVIEW RD
PUNTA GORDA FL 33950

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

Signature required for printed name of registered agent and title if applicable.

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

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME PD ARMSTRONG, T.H.

STREET ADDRESS 161 GULF RD

CITY-ST-ZIP PUNTA GORDA FL

12.2 TITLE ☒ DELETE

NAME ~~VD~~

STREET ADDRESS ~~GILMORE, GEORGE L.~~

CITY-ST-ZIP ~~1215 GORDA CAY LANE~~

12.3 TITLE ☐ DELETE

NAME ST

STREET ADDRESS ARMSTRONG, ELEANOR H.

CITY-ST-ZIP 161 GULFVIEW RD

12.4 TITLE ☐ DELETE

NAME PUNTA GORDA FL

STREET ADDRESS

CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

Daytime Phone #

(941) 575 4972

CR2E034 (12/95)