

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR 14 PM 3:46

**DOCUMENT # S87398**

**(1)**

1. Corporation Name

**DEVELOPERS OF HARBOR LANDING, INC.**

Principal Place of Business

**201 WEST MARION AVENUE  
SUITE 301  
PUNTA GORDA FL 33950-4497**

Mailing Address

**201 WEST MARION AVENUE  
SUITE 301  
PUNTA GORDA FL 33950-4497**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/15/1991**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0316528**

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

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L.  
201 WEST MARION AVENUE  
SUITE 301  
PUNTA GORDA FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

**12.**

**OFFICERS AND DIRECTORS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DPS**

**CRIST, DOUGLAS E.  
2305 BOLLMAN DRIVE  
LANSING MI**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DVP**

**JOHNS, LEWIS D.  
316 E. MICHIGAN AVENUE  
LANSING MI**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**T**

**JOHNS, LEWIS D.  
316 E MICHIGAN AVENUE  
LANSING MI**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that I receive 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 amendment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE

(Type or Print Name)