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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V23194 (6)

1. Corporation Name  
TOUCHSTONE COMMUNITIES, INC.



Principal Place of Business

Mailing Address

~~7800 AIRPORT ROAD~~  
NAPLES FL 33942  
US

~~7800 AIRPORT ROAD~~  
NAPLES FL 34108-0708  
US

3. Date Incorporated or Qualified  
03/18/1992

3a. Date of Last Report  
06/28/1996

2. Principal Place of Business  
21 6900 GOODLETTE RD N.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6900 GOODLETTE RD N  
Suite, Apt. #, etc.

4. FEI Number  
65-0323324  
Applied For  
Not Applicable

22 City & State  
23 NAPLES FL

27 City & State  
28 NAPLES FL

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip  
34109

29 Zip  
34109

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, JAMES  
6900 GOODLETTE RD.  
NAPLES FL 34109

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME JAMES, WALLACE  
STREET ADDRESS 7800 AIRPORT ROAD NORTH  
CITY-ST-ZIP NAPLES FL  
TITLE VD ☐ DELETE  
NAME SVOBODA, JOHN  
STREET ADDRESS 7900 AIRPORT ROAD NORTH  
CITY-ST-ZIP NAPLES FL  
TITLE ~~VD~~ ☒ DELETE  
NAME SILVERSTEIN, WILLIAM  
STREET ADDRESS 7900 AIRPORT ROAD NORTH  
CITY-ST-ZIP NAPLES FL  
TITLE STD ☐ DELETE  
NAME WALLACE, JOSEPH  
STREET ADDRESS 7900 AIRPORT ROAD NORTH  
CITY-ST-ZIP NAPLES FL  
TITLE VD ☐ DELETE  
NAME GENE TURNER  
STREET ADDRESS 6900 GOODLETTE RD N  
CITY-ST-ZIP NAPLES FL, 34109  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 6900 GOODLETTE RD N  
1.4 CITY-ST-ZIP NAPLES FL.  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 6900 GOODLETTE RD. N  
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 6900 GOODLETTE RD N  
4.4 CITY-ST-ZIP  
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 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: GENE TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414454

CR2E034 (9/96)