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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V49505** (3)

1. Corporation Name

**LONGSHORE LAKE PROPERTIES, INC.**



Principal Place of Business

**4500 EXEC. DRIVE  
SUITE 300  
NAPLES FL 33999  
US**

Mailing Address

**4500 EXEC. DRIVE  
STE. 300  
NAPLES FL 33999  
US**

3. Date Incorporated or Qualified

**07/10/1992**

3a. Date of Last Report

**04/11/1995**

4. FEI Number

**65-0360626**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SALVATORI, LEO J  
4501 TAMiami TRAIL N  
SUITE 300  
NAPLES FL 33940-3060**

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 this block is required

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HARDY, ROBERT S**  
STREET ADDRESS **4500 EXEC. DR. STE 240**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **VP** ☐ DELETE

NAME **JOHNSON, ROBERT W**  
STREET ADDRESS **4500 EXEC. DR. STE 240**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **VP** ☐ DELETE

NAME **D'ANGELO, ANNETTE**  
STREET ADDRESS **4500 EXEC. DR. STE 240**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **TS** ☐ DELETE

NAME **KELLY, JANET**  
STREET ADDRESS **4500 EXEC. DR. STE. 240**  
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

**1-16-96**

Date

**941-577-9061**

Daytime Phone #

CR2E034 (12/95)