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Apr 30 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 # V49505 (3)
1. Corporation Name
LONGSHORE LAKE PROPERTIES, INC.



Principal Place of Business Mailing Address
~~4500 EXEC. DRIVE~~ 11399 Phoenix Way
~~SUITE 300~~ Naples, FL
~~NAPLES FL 33909~~ 34119
~~US~~ ~~NAPLES FL 34119-0008~~ Naples, FL, 34119
~~75~~ ~~US~~ ~~75~~

2. Principal Place of Business 2a. Mailing Address
21 11399 PHOENIX 26 11399 PHOENIX WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 NAPLES FL 28 NAPLES FL
Zip Country Zip Country
24 34119 25 29 34119 30

3. Date Incorporated or Qualified 3a. Date of Last Report
07/10/1992 04/16/1996
4. FEI Number Applied For
65-0360626 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

9. Name and Address of Current Registered Agent
SALVATORI, LEO J
4501 TAMiami TRAIL N
SUITE 300
NAPLES FL 33940-3080
34119

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
34119

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 (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME HARDY, ROBERT S
STREET ADDRESS 4500 EXEC. DR. STE 240
CITY-ST-ZIP NAPLES FL
TITLE VP
NAME JOHNSON, ROBERT W
STREET ADDRESS 4500 EXEC. DR. STE 240
CITY-ST-ZIP NAPLES FL
TITLE VP
NAME D'ANGELO, ANNETTE
STREET ADDRESS 4500 EXEC. DR. STE 240
CITY-ST-ZIP NAPLES FL
TITLE TS
NAME KELLY, JANET
STREET ADDRESS 4500 EXEC. DR. STE. 240
CITY-ST-ZIP NAPLES FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Annette D'angelo
12 NAME 11399 Phoenix Way
13 STREET ADDRESS Naples, FL 34119
14 CITY-ST-ZIP
21 TITLE V. An
22 NAME Annette D'angelo
23 STREET ADDRESS 11399 Phoenix Way
24 CITY-ST-ZIP Naples FL 34119
31 TITLE Annette D'angelo
32 NAME Annette D'angelo
33 STREET ADDRESS 11399 Phoenix Way
34 CITY-ST-ZIP Naples FL 34119
41 TITLE Annette D'angelo
42 NAME Annette D'angelo
43 STREET ADDRESS 11399 Phoenix Way
44 CITY-ST-ZIP Naples FL 34119
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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 Annette D'angelo 11-16-97 944-511-2271

CR2E034 (9/96)