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

PROFIT CORPORATION ANNUAL REPORT

2001



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

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DOCUI 1. Corporation	MENT # V6919	91	(7)											
H.L.E	B AUDUBON DEVELOPME	NT, IN	C.											
Principal Place	of Business	. Maiti	ing Address					1 100	Ulfaio	1010 YOLU I	HAL DIRIKA		I (1 GIBA) (41BA) II	I I I
STE 294	ITA BCH RD		PO BOX 2526 BONITA SPRINGS FL	33959										
US	PRINGS FL 33923		US						porated or Quali	fied 3		of Last Re	•	
2 Principal Pia	ace of Business	20 1	Mailing Address					1 U/U 4. FEI Numbe	7/1992			03/27/1		_
21	ave or pushiess	26	vialing Address						0366459			→	Applied For Not Applicabl	le
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						of Status Desire	d [Additional	
22 Crty & State		27	Cit. 9 Ptoto								_ 		Required	
23 City & State	,	28	Dity & State						ampaign Financii Contribution	ng [)		May Be	
Zip	Country		Zip	Cou	ıntry				ration has liabilit					\dashv
24	25	29		30				Flor da Sta		Yes [
	9, Name and Address of Curren	t Registe	red Agent		81	Name	1	0. Name and	Address of N	ew Regi	stered /	Agent		
RDOW	/N, HOMER L												····································	
	LAPLUMA WAY				82	Street Ac 251.	ddress 57 ((P.O. Box Nur Golf Lak	riber is Not Acco	eptable) !				
	A SPRINGS FL 33923				83		•							
					84	City						85 Zip	Code	-
	o the provisions of Sections 607,0502	1000	4500 E/ 11 0/ 1								FL.			_
or register familiar wit SIGNATURE _	ed agent, or both, in the State of Florid th, and accept the obligations of, Section Stgnature typed or printed name of registered agent.	a. Such c on 607.05	change was authorized i05, Florida Statutes.	by the	corpo	oration's bo	oard of	directors. The	reby accept the	appoint	ment as	registered	agent. I am	
12.	OFFICERS AND			13.	ngci	i signature rect	(MOO WIRE		CHANGES TO	OFFICE		DIRECTO	RS IN 12	8
TITLE	DPS		DELETE	1.11	ITLE				- 			Change	☐ Addition	CR2E034 (12/95)
NAME	Brown, Homer L			1.2 N	AME									8
STREET ADDRESS	28517 LAPLUMA WAY					ADDRESS	251	57 Go1f	Lake Ci	rcle				ಟ್ಟ
CITY-ST-ZIP TITLE	BONITA SPRINGS FL.		☐ DELETE	_	ITY - ST	T- ZIP] Change	☐ Addition	6
NAME	BROWN, DONALD P		C) serve	2. 1 T(T) 2.2 NAM								_1 onange		
STREET ADDRESS	3541 BAILES ST			238	TREET.	ADDRESS	251	82 Golf	Lake Ci:	rcle				
CITY - ST - ZIP	BONITA SPRINGS FL				11Y-\$1									_]
TITLE	V		DELETE	3 17] Change	Addition	
NAME STREET ADDRESS	Brown, Preston R 25692 Stillwell Pkwy			3.2 N		ADDRESS								
CITY-ST-ZIP	BONITA SPRINGS FL				ITY-SI									
TITLE	DOMIN OF THINGS I E		DELETE	4 1 1		1-21						Change	Addition	
NAME				42 N	AME						_	_	_	
STREET ADDRESS				435	TREET	ADDRESS								
CITY - S1 - ZIP				44C	TY - S1	T - ZIP								
TITLE			☐ DELETE	5 1 T								Change	Addition	
NAME				5.2 N										
STREET ADDRESS						ADDRESS								
CITY-ST-ZIP THLE			DELETE	5.4 CI	ITLE	1 - ZIP						Change	☐ Addition	
NAME				62 N		1					_	_ onunge	Last Modifical	
STREET ADDRESS						ADDRESS								
CITY-ST-ZIP					TY-SI									

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 charged, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR April 23, 1996 (941)947-2224