

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V69191 (7)**

1. Corporation Name  
**H.L.B. - AUDUBON DEVELOPMENT, INC.**



Principal Place of Business 8951 BONITA BCH RD STE 294 BONITA SPRINGS FL 33923 US	Mailing Address PO BOX 2526 BONITA SPRINGS FL 34133-2526 US
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3. Date Incorporated or Qualified <b>10/07/1992</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>65-0366459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9200 Bonita Beach Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Suite 212</b>
22 <b>Suite 212</b> City & State	27 <b>Bonita Springs, Florida</b> City & State
23 <b>Bonita Springs, Florida</b> Zip Country	28 <b>34135 Lee</b> Zip Country
24 <b>34135</b>	25 <b>Lee</b>
29 <b>Lee</b>	30 <b>US</b>

9. Name and Address of Current Registered Agent

**BROWN, HOMER L**  
**25157 GOLF LAKE CIRCLE**  
**BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, HOMER L</b>	
STREET ADDRESS	<b>25157 GOLF LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DONALD P</b>	
STREET ADDRESS	<b>25182 GOLF LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, PRESTON R</b>	
STREET ADDRESS	<b>25692 STILLWELL PKWY</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Homer L. Brown* **HOMER L. BROWN** 4/7/97 (941)947-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)