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**Mar 25 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 # L12829 (2)
1. Corporation Name
STANLEY DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
**550 PARK SHORE DR
NAPLES FL 33940** **550 PARK SHORE DR
NAPLES FL 34103-3537**

3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0145509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	2a. Mailing Address
21 5030 Tamiami TRN Suite Apt # etc.	26 853 Vanderbilt H Beach Rd Suite Apt #, etc.
22 Suite 200 City & State	27 # 348 City & State
23 Naples FL Zip Country	28 Naples FL Zip Country
24 34103 25	29 34108 30

9. Name and Address of Current Registered Agent
**ROBISON, STEPHEN
550 PARK SHORE DR
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
853 Vanderbilt H Beach Rd #348
83
84 City 85 Zip Code
Naples FL 34108

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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D ROBISON, STEPHEN V.
STREET ADDRESS	550 PARK SHORE DR
CITY-STATE-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WEEKS, DAVID
STREET ADDRESS	417 VAIL VALLEY DRIVE
CITY-STATE-ZIP	VAIL CO
TITLE	<input type="checkbox"/> DELETE
NAME	D VAN HEE, KIRK D.
STREET ADDRESS	230 BRIDGE ST.
CITY-STATE-ZIP	VAIL CO
TITLE	<input type="checkbox"/> DELETE
NAME	D SLIFER, RODNEY E.
STREET ADDRESS	230 BRIDGE ST.
CITY-STATE-ZIP	VAIL CO
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 contained 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

Date Daytime Phone

CR2E034 (9/96)