

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:46

DOCUMENT # **S09798** (7)

1. Corporation Name  
**500 ISLAND TOWER ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
606 BALD EAGLE DR., SUITE 500 P.O. BOX 1 MARCO ISLAND FL 33969 US	606 BALD EAGLE DR., SUITE 500 P.O. BOX 1 MARCO ISLAND FL 33969 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/30/1990</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>65-0225580</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  <b>WOODWARD, MARK J. 801 LAUREL OAK DR SUITE 640 NAPLES FL 33983</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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, Name or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J	12 NAME	
STREET ADDRESS	801 LAUREL OAK DR #640	13 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	14 CITY- ST- ZIP	
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, CRAIG R	22 NAME	
STREET ADDRESS	606 BALD EAGLE DR. #500	23 STREET ADDRESS	
CITY- ST- ZIP	MARCO ISLAND FL	24 CITY- ST- ZIP	
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHANNON W	32 NAME	
STREET ADDRESS	606 BALD EAGLE DR. #500	33 STREET ADDRESS	
CITY- ST- ZIP	MARCO ISLAND FL	34 CITY- ST- ZIP	
TITLE	DV	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRES, ANTHONY J	42 NAME	
STREET ADDRESS	801 LAUREL OAK DR #640	43 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- 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 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: Craig R. Woodward 3/2/95 (813) 594-5761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number  
**CRAIG R. WOODWARD, PRESIDENT**