

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90060 011 ***150.00

DOCUMENT # 822350

1. Corporation Name
ITT COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business
**EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST FL 32151**

Mailing Address
**EXECUTIVE OFFICES
1 CORPORATE DRIVE
PALM COAST FL 32151**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1969

4. FEI Number

11-2163501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, JAMES E	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, LAWRENCE G	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POWERS, RICHARD	
STREET ADDRESS	4 WEST RED OAK LN	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARD, VICTORIA P	
STREET ADDRESS	1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	
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	CHARLES J. CALLEA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT / T	
1.3 STREET ADDRESS	CHARLES J. CALLEA	
1.4 CITY-ST-ZIP	1 CORPORATE DR PALM COAST, FL 32151	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICOLAS AMARO	
2.3 STREET ADDRESS	1 CORPORATE DR.	
2.4 CITY-ST-ZIP	PALM COAST, FL 32151	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT G. CLIFF	
3.3 STREET ADDRESS	1 CORPORATE DR.	
3.4 CITY-ST-ZIP	PALM COAST, FL 32151	
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/22/99

Date

904-445-5000

Daytime Phone #

CR2E034 (1/1/98)