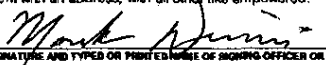


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 PM 2:05

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000116788			
1. Entity Name LANDMARK HOMES OF SOUTH FLORIDA, INC.			
Principal Place of Business 14600 EAGLES LOOKOUT COURT FORT MYERS, FL 33912		Mailing Address 14600 EAGLES LOOKOUT COURT FORT MYERS, FL 33912	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3088422		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNIS, MARK V 14600 EAGLES LOOKOUT COURT FORT MYERS, FL 33912			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (NOTE: Registered Agent signature required when submitting) DATE			
a. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DENNIS, MARK V	NAME	
STREET ADDRESS	14600 EAGLES LOOKOUT COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHILK, MARY A	NAME	
STREET ADDRESS	1237 EL DORADO PARKWAY E	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Allison M. Dennis	NAME	
STREET ADDRESS	14600 Eagles Lookout Ct.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33912	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 9/22/03 239-561-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
PRESIDENT			

CR2034 (10/02)

9/26 AL