FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030480 (6)**

1. Corporation Name
NICHOLAS LAGRASTA HOMES, INC.

Principal Place of Business	Mailing Address
725 97TH AVENUE NORTH NAPLES FL 33963	725 97TH AVENUE NORTH NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 1650 Silver Sands Ave.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: NAPLES FL
Zip — 24:
Country — 25:
Zip — 29: 33942
Country — 30: Collier

4. FEI Number: 65-0406015 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWSON, LINDA A
866 99TH AVENUE NORTH
NAPLES FL 33963

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	LACRASTA, NICHOLAS	12 NAME	LAGRASTA, NICHOLAS	
STREET ADDRESS	725 97TH AVE., N.	13 STREET ADDRESS	1650 SILVER SANDS AVE	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	NAPLES, FL. 33942	
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	LARCRASTA, CILA	22 NAME	LAGRASTA, CILA	
STREET ADDRESS	725 97TH AVE., N.	23 STREET ADDRESS	1650 SILVER SANDS AVE	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	NAPLES, FL. 33942	
TITLE	ST	31 TITLE		☒ Change ☐ Addition
NAME	POLANCO, ALBERT	32 NAME		
STREET ADDRESS	865 105TH AVE., N.	33 STREET ADDRESS	DELETE	
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ 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 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: Nicholas Lagrasta 4/29/95 597-8826(813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031677 CP