

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **V50944 (0)**

1. Corporation Name  
**NEWCEN COMMUNITIES, INC.**



Principal Place of Business: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**  
Mailing Address: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **07/14/1992**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **65-0346298**  
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

2. Principal Place of Business: **21 19146 Lyons Road**  
Suite, Apt. #, etc.: **22**  
City & State: **23 Boca Raton, FL 33434**  
Zip: **24** Country: **25**  
Mailing Address: **26 19146 Lyons Road**  
Suite, Apt. #, etc.: **27**  
City & State: **28 Boca Raton, FL 33434**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JAVEN, JACK**  
**100 CENTURY BLVD.**  
**WEST PALM BEACH FL 33417**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **19146 Lyons Road**  
83  
84 City: **Boca Raton, FL** 85 Zip Code: **33434**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, H. IRWIN</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DVTS</b>	<input type="checkbox"/> DELETE
NAME	<b>JAVEN, JACK</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBIN, MICHAEL S.</b>	
STREET ADDRESS	<b>100 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RICH, MICHAEL A.</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GEDDES, JAMES A</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, HAROLD</b>	
STREET ADDRESS	<b>100 CENTURY BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>19146 Lyons Road</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>19146 Lyons Road</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>19146 Lyons Road</b>
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>19146 Lyons Road</b>
5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>19146 Lyons Road</b>
6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>

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)(k), 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: **Jack Jaiven, Vice Pres. 03/22/96 (407) 487-9630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

2-2  
NewCen Communities, Inc.  
additions to Corporation Annual Report - 1996  
Document #V50944

V  
Gleeson, Antoinette  
19146 Lyons Road  
Boca Raton, FL 33434