

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90285 009 *1,200.00

DOCUMENT # 236266

1. Corporation Name

NATIONAL PLANNED COMMUNITIES, INC.



Principal Place of Business

6917 COLLINS AVE
MIAMI BEACH FL 33141-3263
US

Mailing Address

6917 COLLINS AVE
MIAMI BCH FL 33141-3263
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1960

4. FEI Number

59-6073343

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NESTOR, BRENDIA
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

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. I am familiar with, was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, Florida Statutes.

SIGNATURE

Signature, typ

☐ Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME VD
STREET ADDRESS FIELD, LISA M
CITY-ST-ZIP 6917 COLLINS AVE
MIAMI BEACH FL 33141

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME AT
STREET ADDRESS LAUNER, BLANCHE S.
CITY-ST-ZIP 6917 COLLINS AVE
MIAMI BEACH FL 33141

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME PD
STREET ADDRESS POSNER, VICTOR
CITY-ST-ZIP 6917 COLLINS AVE
MIAMI BEACH FL 33141-3263

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

President, CEO, Chairman
Director

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME EDST
STREET ADDRESS NESTOR, BRENDIA
CITY-ST-ZIP 6917 COLLINS AVE
MIAMI BEACH FL 33141-3263

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Vice Chairman, Exec VP, Secy
Treas, Director

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(305) 866-7272

Daytime Phone #

CR2E034 (1/98)

0209468