## FILE NOW: FILING FEE AFTER MAY 1 15 \$500.00

PROFIT, CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # 341842

CONTINENTAL HOMES OF FLORIDA, INC.

Principal Place of Business

**FILED** May 13 1997 8:00am Secretary of State

r mucipai rie	ace or phaness	Mailing Address				
8000	Governor's Squa	re Blvd.				
Ste	101		1 5	same)		
Miami Lakes, FL 33016				June,	3. Date Incorporated or Qualified	3a. Date of Last Report
	•				2-19-69	4-11-95
2. Principal	Pape of Business	2a. Mailing Address			4. FEt Number	Applied For
21		26			59-1237314	Not Applicable
Suite, Ap	ot n, etc.	Suite, Apt. #, etc.				- \$9.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & St.	ate	City & State		#*************************************	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip				Country 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes KNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
John P. Moroney						l
8000	Governor's Squar	ato bulka	#101	82 Street	Address (P.O. Box Number is Not Acceptab	ole)
Miami	Lakes, FL 3301	6	# 1 U I			-
		~		83		
				84 City		85 Zip Code
				'		FL
11. Porsuar	it to the provisions of Sections 607.0	502 and 607.1508. Florida St	atutes, the a	bove-name	corporation submits this statement for the p	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. Lam lapplies with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  John P. Moroney  4/29/97						
SIGNATURE	Jon M	resum	aī.	hn P.	Moroney	4/29/97
SIGNATION	Stgration typed or protect name of registered.	agent and tife if aupticable	(NOTE Registers	ed Agent signatu	Moroney e required when reinstalling)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	
lif.E	Vice President/	Director LI DELETE	1.1 T	TITLE	Asst. Secretary/V.I	Change Addition
MAM	Donald R. Lobac		1.2 N	NAME	Timothy C. Westfall 7001 N. Scottsdale	Ĺ*
STREET ADDRESS	7001 N. Scottsd		138	STREET ADDRESS	7001 N. Scottsdale	Rd., # 2050
CHY+\$1, 7/2	Scottsdale, AZ			CITY - ST - ZIP	Scottsdale, AZ 852	253
THT_F	President	B5253 DELETE	217	TITLE	Treasurer/Director	Change XXddition
NAME	John P. Moroney		221	VAME	Christina Monkewicz	-
STREET ADDRESS	8000 Governor's	Square Blvd	#1 4 738	STREET ADDRESS	7001 N. Scottsdale	na 40050
City St-Zir	Miami Lakes, FL	33016	2 4	CITY - S1 - ZIP	Coottedale No.	Rd., #2050
10.00	Vice-President/	DELETE	31 T	ITLE	Scottsdale, AZ 852 Assisitant Secretar	Change   Addition
NAMI	Candace Sharpsto	secretary	321	NAME	Karen Beacom	T.Y
SUREET ADDRESS	PAGE Covernants	:en - C 51 1	338	STREET ADDRESS	8000 Governor's Squ	aro Divid #101
CHY SE ZIP	poon governor B	sdnare Bind		CITY - ST - ZIP	Miami Lakes, FL 33	iare prod., #IUI
THI. F	Miami, FL 3301	DELETE		ITLE	Assistant Secretary	Change Addition
HAME	Director		4.21	NAME	Donna Cappello	•
STREET ADJURESS	W. Thomas Hickor		438	STREET ADDRESS	8000 Governor's Squ	And Budd ares
00°4 St 72	7001 N. Scottada	ale_Rd.,#2050	440	CITY-S1-ZIP	Miami Lakes, FL. 33	1016 DIVU., #10]
101.f	-pcorregate, A2-	85253 ### PROFESTOR	517			Change A Addition
NAME	V.P. /Asst. Sec	retary		NAME		THE WILL
	Thomas Iglesias	<u></u>		STREET ADDRESS		12.10
OHY SI ZP	9450 Sunset Dri	ye, STe 101	1	CHTY - ST - ZIP		, N,
1007 50 20°	Miami, FL 3317;					Change Addition
NAM:	Treasurer/Direct	or		NAME		,
	Kenda B. Gonzale 7001 N. Scottsda	85 30 Dd #005			70000218 -05/23/970100	<u> </u>
STREET ADDRESS	Scottsdale, AZ		٠ .	STREET ADDRESS	-05/23/97010	U5UU4
00/ \$1-749 <b>14.</b> Edo her	oby certify that the information suppl	85253 lied with this tilling does not b		CITY-ST-ZIP e exemption	***200 00 stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
ntornia'	tion incleated on this annual report of	r supp emental annual report	is true and	accurate an	d that my signature shall have the same lega	al effect as if made under oath: that

Fam 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

512-4954 Baytima Phone 5