

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 397826 (9)

1. Corporation Name
SUNBRELLA HOMES, INC.



Principal Place of Business
937 N. COLLIER BLVD.
MARCO ISLAND FL 33937
US

Mailing Address
937 N. COLLIER BLVD.
MARCO ISLAND FL 33937
US

2. Principal Place of Business
21 949 San Marco Road
Suite, Apt. #, etc.
22
City & State
23 Marco Island, FL
Zip Country
24 33937 25 Collier

2a. Mailing Address
26 949 San Marco Road
Suite, Apt. #, etc.
27
City & State
28 Marco Island, FL
Zip Country
29 33937 30 Collier

3. Date Incorporated or Qualified 03/21/1972
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1393516
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
SPICER, LEONARD
937 NORTH COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name Same
82 Street Address 949 SAN MARCO RD
83
84 MARCO ISLAND FL 85 Zip Code 33937

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

Signature typed or printed name of registered agent and the corporation

(Print) Registered Agent signature required when forming

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	SPICER, LEONARD	3898 9TH ST N	NAPLES FL	<input type="checkbox"/>
V	SPICER, DALE	4520 GAIL BLVD	NAPLES FL	<input type="checkbox"/>
V	CALDWELL, JOANN	9085 WINTERVIEW DRIVE	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOANN CALDWELL
JOANN CALDWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

941/394-1117

Date

Daytime Phone

CR2E034 (12/95)