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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:03

DOCUMENT # 680890 (1)

1. Corporation Name
DCI COMMUNITIES, INC. - REALTY DIVISION

Principal Place of Business	Mailing Address
9801 TREASURE CAY LANE P.O. BOX 2288 BONITA SPRINGS FL 33959	9801 TREASURE CAY LANE P.O. BOX 2288 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1980
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21: 28000 Spanish Wells Drive
22: Suite, Apt. #, etc.
23: City & State: Bonita Springs, FL
24: Zip: 33959
25: Country:

2a. Mailing Address
26: 28000 Spanish Wells Drive
27: Suite, Apt. #, etc.
28: City & State: Bonita Springs, FL
29: Zip: 33959
30: Country:

4. FEI Number: 59-2015323 ☐ 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

CRAWFORD, J.S.
5551 RIDGEWOOD DRIVE, SUITE 201
NAPLES, 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83: Suite 420
84 City: Naples FL 85 Zip Code: 33963

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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J.	1.2 NAME	
STREET ADDRESS	5101 CAROLINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, THOMAS J.	2.2 NAME	
STREET ADDRESS	4051 E MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES, ILL. 0	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KEPLEY, RICHARD B.	3.2 NAME	
STREET ADDRESS	9801 TREASURE CAY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, J. STEPHEN	4.2 NAME	
STREET ADDRESS	5551 RIDGEWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, DAVID A.	5.2 NAME	
STREET ADDRESS	4051 E MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST.CHARLES, ILL. 0	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ Thomas J. Kelly Secretary 1/23/95 813/992-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483110 FP