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

DOCUMENT # **680890** **(1)**

1. Corporation Name

DCI COMMUNITIES, INC. - REALTY DIVISION

Principal Place of Business	Mailing Address
28000 SPANISH WELLS DRIVE BONITA SPRINGS FL 33959 US	28000 SPANISH WELLS DRIVE BONITA SPRINGS FL 33959 US

3. Date Incorporated or Qualified: **08/04/1980**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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.
801 LAUREL OAK DRIVE
SUITE 420
NAPLES, 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5129 CASTELLO DRIVE, SUITE 1**
83
84 City: **NAPLES** **FL** 85 Zip Code: **33940**

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 the registered agent and the date as required. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	KEPLEY, RICHARD B.		3.2 NAME	KEPLEY, RICHARD B.	
STREET ADDRESS	9801 TREASURE CAY LANE		3.3 STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	AS	☐ DELETE	4.1 TITLE	AS	☒ Change ☐ Addition
NAME	CRAWFORD, J. STEPHEN		4.2 NAME	CRAWFORD, J. STEPHEN	
STREET ADDRESS	5551 RIDGEWOOD DRIVE		4.3 STREET ADDRESS	5129 CASTELLO DRIVE, SUITE 1	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	PD	☐ DELETE	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		☐ DELETE	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)(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: _____ **Thomas J. Kelly** **1/17/96** **708/584-6580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary

CR2E034 (12/95)