SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F93000000776 (5)**

1. Corporation Name
ROTTLUND HOMES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
17595 SOUTH TAMIAMI TRAIL SUITE 106 FORT MYERS FL 33908	17595 SOUTH TAMIAMI TRAIL SUITE 106 FORT MYERS FL 33908

3. Date Incorporated or Qualified: 03/10/1993
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business
21: 8695 COLLEGE PARKWAY
Suite, Apt. #, etc.
22: SUITE 329
City & State
23: FORT MYERS, FL
Zip 24: 33919 Country 25: LEE

2a. Mailing Address
26: 8695 COLLEGE PARKWAY
Suite, Apt. #, etc.
27: SUITE 329
City & State
28: FORT MYERS, FL
Zip 29: 33919 Country 30: LEE

4. FEI Number: 65-0420728 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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. 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 title, if applicable) (NOTE: Registered Agent signature required when 10 is filled in) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ROTTER, DAVID H		12 NAME		
STREET ADDRESS	2681 LONG LAKE RD		13 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN 55113		14 CITY-ST-ZIP		
TITLE	VCVT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ROTTER, BERNARD J		22 NAME		
STREET ADDRESS	2681 LONG LAKE RD.		23 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN 55113		24 CITY-ST-ZIP		
TITLE	P	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GLEASON, ROBERT		32 NAME		
STREET ADDRESS	17595 S. TAMIAMI TRAIL, SUITE 106		33 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT GLEASON 941-489-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #