

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000237 (4)**

1. Corporation Name

**COMMUNITIES FINANCE COMPANY**

Principal Place of Business

Mailing Address

**801 LAUREL OAK DRIVE, STE 500  
NAPLES FL 34108**

**801 LAUREL OAK DRIVE, STE 500  
NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1997**

4. FEI Number

**65-0715634**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **24301 Walden Center Drive**

Suite, Apt. #, etc.

22 **Suite 300**

City & State

23 **Bonita Springs, FL**

Zip

24 **34134**

Country

25 **USA**

2a. Mailing Address

26 **24301 Walden Center Drive**

Suite, Apt. #, etc.

27 **Suite 300**

City & State

28 **Bonita Springs, FL**

Zip

29 **34134**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HASTINGS, VIVEN N  
801 LAUREL OAK DRIVE, STE 500  
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

**Vivien N. Hastings**

82 Street Address (P.O. Box Number is Not Acceptable)

**24301 Walden Center Drive**

83

**Suite 300**

84 City

**Bonita Springs**

**FL**

85 Zip Code

**34134**

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

*Vivien Hastings*

(NOTE: Registered Agent signature required when reinstating)

1/21/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKERMAN, DON E</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, STE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMAN JR, ALFRED</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, STE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITNEY, SCOTT R</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, STE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTINGS, VIVEN N</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, STE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VTAS</b>
3.3 STREET ADDRESS	<b>Steven C. Adelman</b>
3.4 CITY-ST-ZIP	<b>24301 Walden Center Drive</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
4.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>Paul L. DiStefano</b>
5.4 CITY-ST-ZIP	<b>24301 Walden Center Drive</b>

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Larry W. Streib</b>
6.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
6.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>

14. I hereby certify that the information supplied with this filing 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.

**Vivien N. Hastings, Secretary**

SIGNATURE:

*Vivien Hastings*

1/21/98

(941) 947-2600

CP2E034 (10/97)