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03-13-1999 90001 001 *1,050.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000237

COMMUNITIES FINANCE COMPANY

Principal Place of Business			Mailing Address				"				
24301 WALDEN CENTER DRIVE			24301 WALDEN CENTER DRIVE								
SUITE 300		SUITE 300					DO NOT WRITE IN THIS SPACE				
BONITA SPRINGS FL 34134		BONITA SPRINGS FL 34134 US				3 Data in	acorporated or Qualifed	12 11 11 11 11 11 11 11 11 11 11 11 11 1	JI AOL		
US			03					1/1997			1
		T a-	Moiling Address		_		4. FEI Nu			TTAN	olied For
2. Principal Place of Business			2a. Mailing Address					715634		<u> </u>	Applicable
21		26	Suite, Apt. #, etc.				00.01	13034		\$8.75 A	
Suite, Apt. #, etc.							5. Certifo	ate of Status Desired		Fee Re	
City & State		27	City & State			6 Electio	n Campaign Financing		\$5.00	May Ro	
			28				Fund Contribution		Added to		
Zip Country			Zip Country				orporation owes the cur	rent vear Int	angible		
24	25	29	3	- ·				nal Property Tax.			□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
3. Name and Address of Carlott Hogotal-Carlogen					ίŢ	Name	-				
Hastings, vivien N 24301 Walden Center Drive						C14 A	H (D.O. B	- Norther in Not Assent	nhla)	<u>. </u>	
				82	-	Street A	Address (P.O. Box Number is Not Acceptable)				
SUITE 300											
BONITA SPRINGS FL 34134					Ļ						
				84	1	City			FL	85 Zip C	ode
44 Description of Sections 607 0602 and 607 1508 Florida Statutes the above named compration 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: R					agistered Agent signature require			ONS/CHANGES TO OF	DATE FICERS AN	UD DIRECTO	RS IN 12
12.		DIKE	DELETE	1.1 TITLE			ADDITI	ONS/OFIANOED TO OF	TIOEROX	[*] Change	Addition
TITLE	CD		C DELETE	1.2 NAME							_
NAME	ACKERMAN, DON E					DDDE00					
STREET ADDRESS	24301 WALDEN CENTER DR			1.3 STREE							}
CITY-ST-ZIP	BONITA SPRINGS FL 34134		□ DELETE	1.4 CITY-5 2.1 TITLE	ST-2	ZIP				Change	Addition
TITLE											
NAME	HOFFMAN, ALFRED J			2.2 NAME							
STREET ADDRESS	24301 WALDEN CENTER DRIVE			2.3 STREE		ì					
CITY-ST-ZIP	BONITA SPRINGS FL 34134		- Deriete	2. 4 CITY-		ZIP				Change	Addition
TITLE	VTAS		☐ DELETE	3.1 TITLE							
NAME.	ADELMAN, STEVEN C				3 2 NAME						
STREET ADDRESS	24301 WALDEN CENTER DRIVE			3.3 STREE							
CITY-ST-ZIP	BONITA SPRINGS FL 34134			3.4. CITY-		ZIP				Change	Addition
TITLE	S		☐ DELETE	4.1 TITLE						Change	FT MOUIDOU
NAME	HASTINGS, VIVIEN N			4.2 NAME							
STREET ADDRESS	24301 WALDEN CENTER DRIVE			4.3 STREE	ET A	DDRESS				*	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	···-		4.4 CITY-		ZIP					□ A 2-22-
TITLE	V		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME	DISTEFANO, APUL L			5.2 NAME							
STREET ADDRESS	24301 WALDEN CENTER DRIVE			5.3 STREE		- 1					í
CITY-ST-ZIP	BONITA SPRINGS FL 34134			5.4 CITY-		ZIP					
TITLE	V		X DELETE	6.1 TITLE		7	V			Change	
NAME.	STREIB, LARRY W			6.2 NAME			Ronald C.				
STREET ADDRESS	24301 WALDEN CENTER DRIVE			6.3 STREE	ΕTΑ	DDRESS (3300 Univ	ersity Drive			

CITY-ST-ZIP BONITA SPRINGS FL 34134

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

1/18/99 (941) 947-2600