

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 # **G01502 (5)**

1. Corporation Name

ERDIN HOMES, INC.

Principal Place of Business

Mailing Address

~~1056 RUSDAEL CIR~~
PO BOX 1627
NOKOMIS FL 34274

~~1056 RUSDAEL CIR~~
PO BOX 1627
NOKOMIS FL 34274



2. Principal Place of Business

2a. Mailing Address

21 **1024 Sorrento Woods Blvd**

26 **P O Box 1627**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Nokomis, FL**

28 **Nokomis, FL**

24 **34275**

25 **Sarasota**

29 **34274-1627**

30 **Sarasota**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1982

3a. Date of Last Report

04/25/1985

4. FEI Number

59-2226204

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

10. Name and Address of New Registered Agent

ERDIN, ROBERT M., JR
~~1056 RUSDAEL CIR~~
NOKOMIS FL 34275

1024 Sorrento Woods Blvd

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
ERDIN, ROBERT
~~1056 RUSDAEL CIR~~
STREET ADDRESS **NOKOMIS FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
ERDIN, THOMAS C
~~1056 RUSDAEL CIR~~
STREET ADDRESS **NOKOMIS FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DST**
ERDIN, JOAN
~~1056 RUSDAEL CIR~~
STREET ADDRESS **NOKOMIS FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
ERDIN, DAVID M
~~1056 RUSDAEL CIR~~
STREET ADDRESS **NOKOMIS FL**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1024 Sorrento Woods Blvd.**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1024 Sorrento Woods Blvd.**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1024 Sorrento Woods Blvd.**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1024 Sorrento Woods Blvd.**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Joan M. Erdin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

941-485-9611

Daytime Phone #

CR2E034 (12/95)