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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G52177** (4)

1. Corporation Name  
**CALTON HOMES OF FLORIDA, INC.**

Principal Place of Business

**380 S NORTHLAKE BLVD #1012  
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**380 S NORTHLAKE BLVD #1012  
ALTAMONTE SPRINGS FL 32701-5286**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**08/01/1983**

3a. Date of Last Report

**06/18/1996**

4. FEI Number

**59-2319621**

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

**WATTERS, MARCUS  
380 S. NORTHLAKE BLVD SUITE 1012  
ALTAMONTE SPRINGS FL 32701**

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 of person or persons authorized to change agent and office (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LITTLE, BRADLEY A**  
STREET ADDRESS **500 CRAIG ROAD**  
CITY-ST-ZIP **MANALAPAN NJ 07726**

TITLE **DVS** ☐ DELETE

NAME **FOURNADIS**  
STREET ADDRESS **500 CRAIG ROAD**  
CITY-ST-ZIP **MANALAPAN NJ**

TITLE **P** ☐ DELETE

NAME **KNUTSON, DONALD W**  
STREET ADDRESS **380 S. NORTHLAKE BLVD. #1012**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VP** ☐ DELETE

NAME **WATTERS, MARCUS**  
STREET ADDRESS **380 S. NORTHLAKE BLVD. #1012**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **AS** ☐ DELETE

NAME **KUEHNE, CAROL S**  
STREET ADDRESS **500 CRAIG ROAD**  
CITY-ST-ZIP **MANALAPAN NJ 07726**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 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 hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)