


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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>500 Craig Road</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>500 Craig Road</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/01/1983</b>	
22 City & State 23 <b>Manalapan, NJ 07726</b>		27 City & State 28 <b>Manalapan, NJ 07726</b>		4. FEI Number <b>59-2319621</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>07726</b>		25 Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>07726</b>		27 Country <b>U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WATTERS, MARCUS 380 S. NORTHLAKE BLVD SUITE 1012 ALTAMONTE SPRINGS FL 32701</b>				10. Name and Address of New Registered Agent 81 Name <b>Russell Divine, Esq.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>28 West Central Boulevard</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32801</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, BRADLEY A</b>	1.2 NAME	
STREET ADDRESS	<b>500 CRAIG ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN NJ 07726</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOURNADIS</b>	2.2 NAME	
STREET ADDRESS	<b>500 CRAIG ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNUTSON, DONALD W</b>	3.2 NAME	
STREET ADDRESS	<b>380 S. NORTHLAKE BLVD. #1012</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATTERS, MARCUS</b>	4.2 NAME	
STREET ADDRESS	<b>380 S. NORTHLAKE BLVD. #1012</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUEHNE, CAROL S</b>	5.2 NAME	
STREET ADDRESS	<b>500 CRAIG ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN NJ 07726</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

CR2E034 (10/97)