

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G61056** (9)

1. Corporation Name
FORTUNE HOMES, INC.



Principal Place of Business

5016 27TH ST SW
P.O. BOX 061291
FT. MYERS FL 33906

Mailing Address

P.O. BOX 61291
5016 27TH STREET SW
FT. MYERS FL 33906-1291
US

3. Date Incorporated or Qualified **09/26/1983** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business
21 **5016 27th Street SW**
Suite, Apt. #, etc.

2a. Mailing Address
26 **5016 27th Street SW**
Suite, Apt. #, etc.

4. FEI Number **59-2334335** Applied For
Not Applicable

22 City & State
23 **Lehigh, Florida**

27 City & State
28 **Lehigh, Florida**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33971** 25 Country **Lee**

29 Zip **33971** 30 Country **Lee**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATENA, LILIAN SY
5016 27TH ST SW
FT. MYERS FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **5016 27th Street SW**
84 City **Lehigh** FL 85 Zip Code **33971**

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	P	<input checked="" type="checkbox"/> DELETE
NAME	MATENA, WALTER	
STREET ADDRESS	5016 27TH ST SW	
CITY-ST-ZIP	LEHIGH FL	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	MATENA, LILIAN SY	
STREET ADDRESS	5016 27TH ST SW	
CITY-ST-ZIP	LEHIGH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Matena, Lilian Sy	
1.3 STREET ADDRESS	5016 27th Street SW	
1.4 CITY-ST-ZIP	Lehigh, FL 33971	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lilian Sy Matena
Lilian Sy Matena

March 11, 1996

1 941 369 3151

Date Daytime Phone #

CR2E034 (12/95)