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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H07051 (6)
1. Corporation Name
FLETCHER COMMUNITIES, INC.



Principal Place of Business
4400 MARSH LANDING BLVD.
P.O. BOX 1219 (32004)
PONTE VEDRA BCH FL 32082

Mailing Address
4400 MARSH LANDING BLVD.
P.O. BOX 1219 (32004)
PONTE VEDRA BCH FL 32082-1275

3. Date Incorporated or Qualified 06/08/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2424362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
MELCHING, STEPHEN D.
4400 MARSH LANDING BLVD.
P.O. BOX 1219 (PONTE VEDRA BEACH, FL.)
PONTE VEDRA BCH FL 32082

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1548 THE GREENS WAY #4 83 84 City Jacksonville Beach FL 85 Zip Code 32250

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 Stephen J. Melching Vice President 4-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FLETCHER, JEROME S.
STREET ADDRESS	4400 MARSH LANDING BLVD.
CITY-ST-ZIP	PONTE BEDRA BCH FL
TITLE	DV
NAME	FLETCHER, PAUL Z.
STREET ADDRESS	4400 MARSH LANDING BLVD.
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	VD
NAME	MELCHING, STEPHEN D.
STREET ADDRESS	4400 MARSH LANDING BLVD.
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	S
NAME	HUTCHINSON, FRANCES F.
STREET ADDRESS	4400 MARSH LANDING BLVD.
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 Stephen J. Melching 4-25-97 904-3851921

CR2E034 (9/96)