

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90191 006 ***150.00

DOCUMENT # H26708

1. Corporation Name
SOUTH FLORIDA VILLAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5150 S FLORIDA AVE
P O BOX 6238
LAKELAND FL 33807-6238
US

Mailing Address
5150 S. FLORIDA AVE.
P O BOX 6238
LAKELAND FL 33807-6238
US

3. Date Incorporated or Qualified

10/22/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P O BOX 528

27 Suite, Apt. #, etc.

28 City & State

28 HOMOSASSA FL
29 34487 30 US

4. FEI Number

59-2462683

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 owes the current year Intangible
Personal Property Tax.

XX Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRITTON, CHARLES P.
5300 SOUTH FLORIDA AVE.
LAKELAND FL 33803

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 PST
NAME WENDEL, ALBERT G.
STREET ADDRESS 5150 S. FLA AVE., PO BOX 6238
CITY-ST-ZIP LAKELAND FL

TITLE D
NAME WENDEL, JOHN F.
STREET ADDRESS 5300 S FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

TITLE D
NAME MURPHY, MARKHAM L.
STREET ADDRESS 1110 LAKE POINT DR.
CITY-ST-ZIP LAKELAND FL

TITLE D
NAME WENDEL, ALBERT G.
STREET ADDRESS 5150 S. FLA AVE., PO BOX 6238
CITY-ST-ZIP LAKELAND 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
1.2 NAME
1.3 STREET ADDRESS 6782 S PINEBRANCH PT
1.4 CITY-ST-ZIP HOMOSASSA FL 34448

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1300 SEAWAY DR #A6
3.4 CITY-ST-ZIP FT PIERCE FL 34949

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 6782 S PINEBRANCH PT
4.4 CITY-ST-ZIP HOMOSASSA FL 34448

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Albert G. Wendel
REGISTERED AGENT

4/30/99

352/621-0327

CR2E034 (1/98)