

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H81251 (1)

1. Corporation Name

VANGUARD HOMES, INC.



Principal Place of Business

4350 W. CYPRESS ST. #755
P.O. BOX 21106 (336221106)
TAMPA FL 33607

Mailing Address

4350 W. CYPRESS ST. #755
P.O. BOX 21106 (336221106)
TAMPA FL 33607

3. Date Incorporated or Qualified
10/17/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-2589485

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 Special or Perpetual Agent or Registered Agent

Signature of Registered Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME PAFFENDORF, CARL G.
STREET ADDRESS 4 CEDAR SWAMP RD
CITY-STATE-ZIP GLEN COVE NY ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VP
NAME PAUL D'ANDREA
STREET ADDRESS 4 CEDAR SWAMP RD
CITY-STATE-ZIP GLEN COVE NY ☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE T
NAME ALAN GUTTMAN
STREET ADDRESS CEDAR SWAMP RD
CITY-STATE-ZIP GLEN COVE NY ☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(c), 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:

Signature and Typed or Printed Name of Signing Officer or Director

ALAN GUTTMAN 5/13/96 (76)759-1188

Date

Dist. Phone #

CR2E034 (12/95)