| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   27   27   5. Certificate of Status Desired   \$8.75 Additions Fee Required City & State   28   27   27   27   27   28   30   30   30   30   30   30   30   3  |  |   |  |                      |   |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
|--|--|---|--|----------------------|---|-------------|-----------------|-----------------|-------------------|--|--------------------------------|-----------|---------------------|-------------------|-------------------------|--|
| PROPERTY CORPORATION ANNUAL REPORT 1998  DOCUMENT # J45316 GUAL VILLAGE HOMES, INC.  WESTER H, JACOBY 1275 S. PATRICK DRIVE SUITE C SATELLITE BEACH R, 28907  Principal Place of Business  *** KENISTH N, JACOBY 1275 S. PATRICK DRIVE SUITE C SATELLITE BEACH R, 28907  ***  *** KENISTH N, JACOBY 1275 S. PATRICK DRIVE SUITE C SATELLITE BEACH R, 28907  ***  ***  ***  ***  ***  ***  ***  | FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0  |   |  |                      |   |             |                 |                 |                   | FILED  |                                |           |                     |                   |                         |  |
| DOCUMENT # J45316 (3)  DOCUMENT # J45316 (3)  OUAL VILLAGE HOMES, INC.  Principal Place of Business  Malling Address  Malling |  |   |  |                      |   |             |                 |                 |                   | Ian 2  |                                |           | =                   | ነሰ                | am                      |  |
| CUAIL VILLAGE HOMES, INC.  Principal Place of Business  Mailing Address  M | ANNI   | ANNUAL DEPORT                             |  |                      |   |             |                 |                 |                   | Jan 2  | 0 17                           | 90        | ο.ι                 | $\mathcal{O}$     | am                      |  |
| CUAIL VILLAGE HOMES, INC.  Principal Place of Business  Mailing Address  M |  |   |  |                      |   |             | ORPORATIONS     |                 |                   | Sec  | retai                          | rv o      | f S                 | te                | ate                     |  |
| W.KENNETH N. JACOBY   1275 S. PATRICK DRIVE. SUTE C   SATELLITE BEACH FI. 32897   S. Dete incorporated or Clusified   12/04/1986   S. Dete incorporated or Clusified   S. Dete incorporated or Clusified   12/04/1986   S. Dete incorporated or Clusified   S. Dete incorporated or Clusified   S. Dete incorporated or Clusified   S. Detection of Clusified   S. Detection   |  |   |  | <b>)</b>             | (3)                                     |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| ** KEINETH N. JACOBY (1275 S. PATRICK DRIVE SUITE C SATELLITE BEACH FL 32837  *** KEINETH BEACH FL 32837  *** ATRICK DRIVE SUITE C SATELLITE BEACH FL 32837  *** KEINETH BEACH FL 32837  *** AND ALL SATELLITE BEACH FL 32837  *** ATRICK DRIVE SUITE C SATELLITE BEACH FL 32837  *** ATRICK DRIVE SUITE C SUIR, Apt. #, etc.  28  *** SUIR, Apt. #, etc.  27  City & State  Active Country  Active City & State  Active | Principal Plac   | a of Business                             |  | Mail                 | ina Addroce                             |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| 2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Acolled Fe   72   12   26   12   12   12   12   12   1  | % KENNETH N. JACOBY 1275 S. PATRICK DRIVE. SUITE C  % KENNETH N. JACOBY 1275 S. PATRICK DRIVE. SUI |   |  |                      |   |             |                 |                 |                   |  |                                | E IN THIS | SPACE               |                   |                         |  |
| 2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied FC   Not Applied FC   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   City & State   City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State   S. Certificate of Status Desired   S8.75 Addition Fee Required City & State      |  |   |  |                      |   |             |                 |                 |                   |  | d or Qualified                 |           |                     |                   |                         |  |
| Sulle, Apt. #, etc   25   Sulle, Apt. #, etc   27   Sulle, Apt. #, etc   28   Sulle, Apt. #, etc   29   Sulle, Apt. #, etc | 2. Principal P   | face of Business                          |  | 2a. N                | Mailing Address                         |             |                 |                 |                   |  |                                |           |                     | Ani               | olied For               |  |
| Sulle, Apt. #, etc. 27 27 27 27 28 28 29 29 29 20 City & State 20 29 20 20 20 20 20 20 20 20 20 20 20 20 20  | 21   |   |  | $\vdash$             | Ť                                       |             |                 |                 | Ì                 |  | 6                              |           |                     | <del>- ` ·</del>  | Applicable              |  |
| Zip  |  | #, etc.                                   |  | -                    | Suite, Apt. #, etc.                     |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due dume 30.   Yes   No.   N   |  | e   | $\vdash$                                   | City & State         |   |             |                 |                 |                   | _  |                                |           |                     |                   |                         |  |
| 9. Name and Address of Current Registered Agent  JACOBY, KENNETH N. 1423 S. PATRICK DR. SATELLITE BEACH FL 32937  44 City  Let a City  Let |  | <u> </u>                                  | untry                                      | <b>⊢</b>             |   |             | 7               |                 |                   | ,  |                                |           |                     | _                 |                         |  |
| JACOBY, KENNETH N. 1423 S. PATRICK DR. SATELLITE BEACH FL 32937   82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  | 24   | 1 1                                       | Idrace of Current                          |                      | red Agent                               | 30          | 1               |                 |                   |  |                                |           |                     |                   | No                      |  |
| 1423 S. PATRICK DR. SATELLITE BEACH FL 32937  88   Street Address (P.O. Box Number is Not Acceptable)   88   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statules.    11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with an advacept the obligations of, Section 607.0505, Florida Statutes.    12.  | 14.  | •   |  | negiste              | red Agent                               |             | 81              | Name            | •                 | 10. Name and Addr                                  | SSS OI NEW N                   | egistered | Agent               |                   |                         |  |
| SATELLITE BEACH FL 32937   |  |   |  |                      |   |             |                 | Daniel (        | 8 -1 -1           | - (D.O. Day M. Johan)                              | . \$1-6 4                      | inin-is   |                     |                   |                         |  |
| STREET ADDRESS   1275 S PATRICK DR #C   DELETE   STREET ADDRESS   1275 S PATRICK DR #C   STREET ADDRESS   1275 S PATRICK DR    |  |   |  |                      |   |             | 82 Street Addre |                 |                   | s (P.O. Box Number :                               | Not Accepta                    | .ble)     |                     |                   |                         |  |
| 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, hybrid or printed mans of registered agent and stile # apphicable.  | •  |   |  |                      |   |             | 83              |                 |                   |  | •                              |           |                     |                   |                         |  |
| SIGNATURE   Sign   |  |   |  |                      |   |             | 84              | City            |                   |  |                                | FL        | 85                  | Zip C             | ode                     |  |
| SIGNATURE   Sign   | 11. Pursuant office or r   | to the provisions of segistered agent, or | Sections 607.0502<br>both, in the State of | and 607<br>f Florida | .1508, Florida Stati<br>Such change was | utes, the a | bove<br>d by    | -named the corp | corpor<br>oration | ation submits this stat<br>n's board of directors. | ement for the<br>I hereby acce | purpose o | f changi<br>ointmen | ng its<br>It as r | registered<br>egistered |  |
| Signature. Typed or printed name of registrators against and title if applicables. (NOTE: Registrator Against algorithal driver invitationly) DATE  12. OFFICERS AND DIRECTORS IN 12.  TITLE PD  |  |   |  |                      |   | ·lorida Sta | itutes          | •               |                   |  |                                |           |                     |                   |                         |  |
| TITLE  |  | Signature, typed or printed               |  |                      |   |             | ed Age          | nt signature    | required :        |  | 050 TO 055                     |           | 2050                | <del></del>       |                         |  |
| NAME   SMITH, RICHARD E.   12 NAME   12 NAME   12 NAME   13 STREET ADDRESS   1275 S PATRICK DR #C   1.4 CITY-ST-ZIP  |  | PD  | OFFICERS AND                               | DIRECT               |   |             | ITLE            | T               |                   | ADDITIONS/CHAN                                     | GES TO OFFI                    | CERS AND  |                     |                   | Addition                |  |
| 13 STREET ADDRESS   1275 S PATRICK DR #C   13 STREET ADDRESS   14 CITY-ST-ZIP  |  |   | RD E.                                      |                      |   |             |                 |                 |                   |  |                                |           |                     | .9-               |                         |  |
| DELETE   | STREET ADDRESS   |   |  |                      |   | 1.3 5       | TREET           | ADDRESS         |                   |  |                                |           |                     |                   |                         |  |
| NAME   SMITH, EBEN   2.2 NAME   STREET ADDRESS   1275 S PATRICK DR #C   2.3 STREET ADDRESS   CITY-ST-ZIP   SATELLITE BEACH FL   2.4 CITY-ST-ZIP  | CITY-ST-ZIP  | SATELLITE BE                              | ACH FL                                     |                      | ***                                     | 1,4 0       | ITY-ST          | -ZIP            |                   |  |                                |           |                     | _                 |                         |  |
| 1275 S PATRICK DR #C   2.3 STREET ADDRESS   SATELLITE BEACH FL   2.4 CITY-ST-ZIP   | TITLE  |   |  |                      | ☐ DELETE                                | 2.1 T       | ITLE            |                 |                   |  |                                |           | Char                | ige               | ☐ Addition              |  |
| CITY-ST-ZIP  | 1  |   |  |                      |   |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| TITLE  |  |   |  |                      |   | - 1         |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| NAME   SMITH, MARTHA C   3.2 NAME   3.3 STREET ADDRESS   CITY - ST - ZIP   SATELLITE BEACH FL   3.4 CITY - ST - ZIP  | <del></del>  |   | HUT FL                                     |                      | DELETE                                  |             |                 | I-ZIP           |                   |  |                                |           | Char                | nge               | Addition                |  |
| STREET ADDRESS   1275 S PATRICK DR #C   33 STREET ADDRESS  | 1  |   | IA C                                       |                      | <b>—</b>                                |             |                 |                 |                   |  |                                |           |                     | ·9°               |                         |  |
| CITY-ST-ZIP         SATELLITE BEACH FL         34. CITY-ST-ZIP           TITLE         VDS         DELETE         4.1 TITLE         Change         Add           NAME         SMITH, CAROL M         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         SATELLITE BEACH FL         4.4 CITY-ST-ZIP         Change         Add           NAME         DELETE         5.1 TITLE         Change         Add           NAME         STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS  |  |   |  |                      |   |             |                 | ADDRESS         |                   |  |                                |           |                     |                   |                         |  |
| NAME         SMITH, CAROL M         4.2 NAME           STREET ADDRESS         1275 S PATRICK DR #C         4.3 STREET ADDRESS           CITY-ST-ZIP         SATELLITE BEACH FL         4.4 CITY-ST-ZIP           TITLE         5.1 TITLE         Change         Add           NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS  | CITY-ST-ZIP  |   |  |                      |   | 3.4. 0      | ny-s            | f-ZIP           |                   |  |                                |           |                     |                   |                         |  |
| 1275 S PATRICK DR #C   | TITLE  |   |  |                      | ☐ DELETE                                | 4,1 T       | TLE             |                 |                   |  |                                |           | Char                | nge               | Addition                |  |
| CITY-ST-ZIP         SATELLITE BEACH FL         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Add           NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS  | i  |   |  |                      |   |             |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| TITLE         DELETE         5.1 TITLE         Change         Add           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS  | ſ  |   |  |                      |   | 1           |                 |                 |                   |  |                                |           |                     |                   |                         |  |
| NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS  |  | SAIELLIIE BE                              | HUH FL                                     |                      | DELETE                                  |             |                 | - ZIP           |                   |  |                                |           | Chan                | Ine               | Addition                |  |
| STREET ADDRESS 5.3 STREET ADDRESS  |  |   |  |                      |   |             |                 |                 |                   |  |                                |           | L. Cildii           | iñe               |                         |  |
|  |  |   |  |                      |   |             |                 | ADDRESS         |                   |  |                                |           |                     |                   |                         |  |
| CiTy-ST-ZiP 5.4 CiTy-ST-ZiP  | CITY-ST-ZIP  |   |  |                      |   |             |                 | ŀ               |                   |  |                                |           |                     |                   |                         |  |

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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: MANUEL SALPENSTALLE SOLTA

STREET ADDRESS

1-21-98

407-773-8647

Change

\_\_\_ Addition