FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45501 (9)

1. Corporation Name
EXETER HOMES AT WYCLIFFE, INC.

Principal Place of Business	Mailing Address
4150 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467	4150 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

Real Estate Services

3. Date Incorporated or Qualified: 11/16/1988
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): People's Bank

Suite, Apt. # etc (22):
Suite, Apt. #, etc. (27): 850 Main Street

City & State (23):
City & State (28): Bridgeport, CT

Zip (24): Country (25):
Zip (29): 06604 Country (30): U.S.A.

4. FEI Number: 65-0090729 ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACFARLAND, RICHARD B., ESQ.
% BROAD AND CASSEL
7777 GLADES RD., SUITE 300
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: No Change
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: _____ DATE
(Signature, typed or printed name of registered agent and the date of signature) (DATE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRESTOVAN,PETER M.	12 NAME	No Change
STREET ADDRESS	850 MAIN ST.	13 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT CT	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, DOROTHEA E.	22 NAME	No Change
STREET ADDRESS	850 MAIN ST.	23 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT CT	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RICCI, FRANCES	32 NAME	No Change
STREET ADDRESS	850 MAIN ST.	33 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT CT	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MELLO, CARLOS R.	42 NAME	No Change
STREET ADDRESS	850 MAIN ST.	43 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT CT	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	LENNON MERRITT, SUSAN	52 NAME	No Change
STREET ADDRESS	850 MAIN ST.	53 STREET ADDRESS	
CITY ST ZIP	BRIDGEPORT CT	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is validly furnished and 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: [signature] 04/27/95 203-338-4844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER M. BRESTOVAN, PRESIDENT

0430900 FP