

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 # **K45501** (9)

1. Corporation Name

EXETER HOMES AT WYCLIFFE, INC.



Principal Place of Business

**4150 WYCLIFFE COUNTRY CLUB BLVD.
LAKE WORTH FL 33467**

Mailing Address

**PEOPLE'S BANK
850 MAIN STREET
BRIDGEPORT CT 06604
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0090729

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRESTOVAN, PETER M.	
STREET ADDRESS	850 MAIN ST.	
CITY-STATE-ZIP	BRIDGEPORT CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRENNAN, DOROTHEA E.	
STREET ADDRESS	850 MAIN ST.	
CITY-STATE-ZIP	BRIDGEPORT CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICCI, FRANCES	
STREET ADDRESS	850 MAIN ST.	
CITY-STATE-ZIP	BRIDGEPORT CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MELLO, CARLOS R.	
STREET ADDRESS	850 MAIN ST.	
CITY-STATE-ZIP	BRIDGEPORT CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LENNON MERRITT, SUSAN	
STREET ADDRESS	850 MAIN ST.	
CITY-STATE-ZIP	BRIDGEPORT CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	DAVID E.A. CARSON
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	EDWARD PUCINS
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	WILLIAM MARTIN
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	GEORGE MORRIS
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)(k), 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:

Carla E. Mello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

Date

Daytime Phone #

CR2E034 (12/95)