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 MAR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53563 (8)

1. Corporation Name
WOODMERE HOMES, INC.

Principal Place of Business	Mailing Address
7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0088507 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
226 WEST GEORGIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: United States Corporation Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street Ste 105
83
84 City: Tallahassee FL 85 Zip Code: 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☐ Change ☒ Addition
NAME	WIENER, ELLIOTT M.	1.2 NAME		
STREET ADDRESS	7777 GLADES RD. #410	1.3 STREET ADDRESS	7777 Glades Rd #410	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton FL	
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	RAFOFSKY, HARVEY P.	2.2 NAME		
STREET ADDRESS	7777 GLADES RD. #410	2.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	VT	3.1 TITLE	DIVITAS	☒ Change ☐ Addition
NAME	HOYOS, JEFFERY	3.2 NAME		
STREET ADDRESS	7777 GLADES RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE	AVP	☒ Change ☐ Addition
NAME	WEST, ALFRED G.	4.2 NAME		
STREET ADDRESS	7777 GLADES RD. #410	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	SLEEK, HARRY, T	5.2 NAME		
STREET ADDRESS	7777 GLADES RD #410	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	DAMIANO, THOMAS	6.2 NAME		
STREET ADDRESS	7777 GLADES RD #410	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-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)(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 added in an attachment with an address.

SIGNATURE: Jeffery Hoyos VP Finance 3-10-95 407-483-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0262450 CP