

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K62173 (5)**

1. Corporation Name

**UNIVERSAL HOMES OF PORT CHARLOTTE, INC.**



Principal Place of Business

Mailing Address

**3129 TAMiami TRAIL  
STE A  
PORT CHARLOTTE FL 33952  
US**

**POST OFFICE BOX 2503  
PORT CHARLOTTE FL 33939-2503  
US**

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/31/1989**

3a. Date of Last Report

**09/18/1995**

4. FEI Number

**65-0096615**

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

10. Name and Address of New Registered Agent

**NDAH, KONRALD N.  
3695 TAMiami TRAIL  
UNIT B  
PORT CHARLOTTE FL 33952**

81 Name

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

83

84

**3129 TAMiami TRAIL  
Unit A  
PORT CHARLOTTE FL 33952**

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 agent, its 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 and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**KONRALD N. NDAH**

**7/2/96**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **NDAH, KONRALD N.**  
STREET ADDRESS **3524 TIFFINY STREET**  
CITY- ST- ZIP **PORT CHARLOTTE FL**

TITLE **VSP** ☐ DELETE  
NAME **NDAH, JANET**  
STREET ADDRESS **3524 TIFFINY STREET**  
CITY- ST- ZIP **PORT CHARLOTTE FL**

TITLE **VP** ☒ DELETE  
NAME **MOORE, D SCOTT**  
STREET ADDRESS **496 FLETCHER ST**  
CITY- ST- ZIP **PT CHARLOTTE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

**VICE President**

☒

Change ☐ Addition

**500001892475  
-07/12/96--01067--006  
\*\*\*225.00**

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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 transferor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/96 941-629-0607**

CR2E034 (3/96)