

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 AM 11:20

DOCUMENT # L09515

(2)

1. Corporation Name

DIVOSTA HOMES, INC.

Principal Place of Business

**4500 PGA BLVD., STE. 400
PALM BEACH GARDENS FL 33418**

Mailing Address

**4500 PGA BLVD., STE. 400
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1989

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0145869

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

9. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B.
4500 PGA BLVD., SUITE 400
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIVOSTA, OTTO B.
STREET ADDRESS	4500 PGA BLVD., STE 400
CITY - ST - ZIP	PALM BCH. GRDNS FL
TITLE	D
NAME	DIVOSTA, BETTY J.
STREET ADDRESS	4500 PGA BLVD., STE 400
CITY - ST - ZIP	PALM BCH. GRDNS FL
TITLE	P
NAME	KAIRALLA, ROBERT S.
STREET ADDRESS	4500 PGA BLVD., STE 400
CITY - ST - ZIP	PALM BCH. GRDNS FL
TITLE	VST
NAME	HATHAWAY, CHARLES H.
STREET ADDRESS	4500 PGA BLVD., STE 400
CITY - ST - ZIP	PALM BCH. GRDNS FL
TITLE	VP
NAME	TROTTE, GLEN T.
STREET ADDRESS	4500 PGA BLVD., STE 400
CITY - ST - ZIP	PALM BCH. GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

(Signature)

Otto B. DiVosta 1-20-95 (407) 627-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(If new Florida