## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M97998

WESTFIELD DEVELOPMENT CORP. OF FLORIDA

Homes OF FLORIDA, INC.

**FILED** Jun 02 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
١.			_	_							
	7 DUNBAR / ITTE	AVE	107 DUNBAR AVE	SUITE I							
	DSMAR FL	34677	OLDSMAR FL 34677-2978								
US US							3. Date Incorporated or Qualified 3a. Date of Last Report				
							09/12/1988	03/0	01/1996		
	Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21			26			36-3611540 Not Applicable					
<u>L</u>	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22			27	<del></del>						Required	
<u> </u>	City & Stat	60	City & State	¬ '			6. Election Campaign Financing			May Be	
23	7:-		28	0			Trust Fund Contribution	Щ	· · · · · · · · · · · · · · · · · · ·	to Fees	
<del>                                     </del>	Zip	Country	Zip	Country	1		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes				
24		25	29 3	0]		<del></del>					
9. Name and Address of Current Registered Agent					Т-	Name	10. Name and Address of New Registered Agent				
SOLOMON, STANFORD R.				81	L'	NAME:					
101 E. KENNEDY BLVD				82	3	Street Addre	Address (P.O. Box Number is Not Acceptable)				
1		1818	83					<del></del>			
	TAN	IPA FL 33602		53							
١	Ŧ			84	7	City		FL	85 Zip	Code	
										its registered	
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 end title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS					ent s	signature require	ed when reinstating)	DATE	CORPOTO	DO 141.40	
	i. LE	DC OFFICERS ANI	D DELETE	13.		V	ADDITIONS/CHANGES TO OFFIC	ENS AINL	Change		
ı				•			lenn Mordini		☐ Outsinge	Ascillon	
ı	ME			1.3 STREET ADDRESS			7 Dunbar Ave S	uite.	<i>T</i>		
1	REET ADDRESS	OLDSMAR FL					ldsmar FL 346		·		
$\overline{}$	Y-ST-ZIP LE			1.4 CITY - S 2.1 TITLE	51 - /		resmar, FL =71	,,,	Change	☐ Addition	
j		•	C Detere	2.2 NAME						( Addition	
1	ME	BERGER, ANDREW				NRECCO.					
!	REET ADDRESS	107 DUNBAR AVE SUITE I		2.3 STREET ADD			· .				
	Y-ST-ZIP LE	OLDSMAR FL	DELETE	2. 4 CITY - 1 3.1 TITLE	51-	ZIP			Change	Addition	
1		TOV.	N DELEGE	2	3.2 NAME				L_ Unange	L.J AGGIRION	
1	TURLONG, JAMES J					NDDCC0					
1 -	REET ADDRESS 167-DUNBAR-AVE-GUITE-I			3.3 STREET							
_	IY-ST-ZIP LE	OLDSMAR-FL-	DELETE	3.4. CITY - 1 4.1 TITLE	51-	2117	<del> </del>	<del></del>	☐ Change	Addition	
1		TUBAIN ODECODY N		1					— Orienty	Addition	
NA NA	- Attained animalation in			4. 2 NAME							
	REET ADDRESS 107 DUNBAR AVE. STE. I			4.3 STREET ADDRESS							
_	Y-ST-ZIP	OLDSMAR FL 34677	DELETE	4.4 CITY-ST-ZIP		ZIP			☐ Change	☐ Addition	
1	LE	V David Pelletz	FT Precit	5.1 TITLE			4 177 (77 (77 (77 (77 (77 )	7247		L MOUIDON	
ł	ME	107 Dunbar Ave	Suire I	5.2 NAME			10000220 -06/10/970102	4 J. J. 1700	72		
	REET ADDRESS			5.3 STREET			***550.00	. i Ut	) <u>f</u>		
_	Y-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		ZIP	赤赤をつうけ。 じじ		Chance	Andritin -	
	LE				6.1 TITLE					**	
	ME	Darlene Thibode	au cuite T	6.2 NAME						05	
STREET ADDRESS 107 Dunbar Ave, Suite I				6.3 STREET ADDRESS						6/8/97	
5 00	W 07 TID	1 <i>7</i> 7 (	こりょうつ	E CACITY C		216				יויוסוט	

14. I do hereby certify that the information supplied with this filing 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.

6.4 CITY - ST - ZIP