

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 24 AM 11:40

**DOCUMENT # N98000007247**

1. Corporation Name

**FLORIDA COMMUNITY HOMES, INC.**

Principal Place of Business

238 NE 6TH AVENUE, BUILDING 26 B  
FORT LAUDERDALE FL 33336

Mailing Address

5238 NE 6TH AVENUE, BUILDING 26 B  
FORT LAUDERDALE FL 33336



2. Principal Place of Business

1 **5238 NE 6 AVE**

Suite, Apt. #, etc.

2 **FT-FL-33336**

City & State

3 **FT FL**

Zip Country

1 **33336** 25 **USA**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30

3. Date Incorporated or Qualified

**12/21/1998**

4. FEI Number

**31-1630894**

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

9. Name and Address of Current Registered Agent

**KURUVILA, JOE**  
**5238 NE 6TH AVENUE, BUILDING 26 B**  
**FORT LAUDERDALE FL 33336**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/2/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**HIJOS, MARIA**  
STREET ADDRESS **3120 SW 20TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ DELETE

NAME **DVP**  
**PUTHENAPRAKUNNEL, MARY**  
STREET ADDRESS **6412 RODMAN STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ DELETE

NAME **ST**  
**KUVAULA, JOE**  
STREET ADDRESS **6051 MIRAMAR PKWY**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **DP HIJOS, MARIA**

1.3 STREET ADDRESS **5238 NE 6 AVE BLDG 26 B**

1.4 CITY-ST-ZIP **FT FL 33336** **CHANGE**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/3/99** **954-981-1**