

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90064 038 ***150.00

0382555

DOCUMENT # P17013

1. Corporation Name FLORIDA DESIGN COMMUNITIES, INC.

Principal Place of Business 2020 CLUBHOUSE DR PO BOX 5698 SUN CITY CENTER FL 33573 US
Mailing Address 2020 CLUBHOUSE DR PO BOX 5698 SUN CITY CENTER FL 33573 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1987
4. FEI Number 59-2857021 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FLINN, MILTON G.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent
81 Name VIVIEN HASTINGS
82 Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR.
83
84 City BOVITA SPRINGS FL 85 Zip Code 34134

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 VIVIEN HASTINGS DATE 1/19/99

12. OFFICERS AND DIRECTORS
TITLE CD HOFFMAN, ALFRED, JR.
NAME HOFFMAN, ALFRED, JR.
STREET ADDRESS 1602 W. TIMBERLANE DR.
CITY-ST-ZIP PLANT CITY FL
TITLE V FLINN, MILTON G
NAME FLINN, MILTON G
STREET ADDRESS 2020 CLUBHOUSE DR.
CITY-ST-ZIP SUN CITY CENTER FL
TITLE D ACKERMAN, DON E.
NAME ACKERMAN, DON E.
STREET ADDRESS 630 FIFTH AVE. STE 3200
CITY-ST-ZIP NEW YORK NY
TITLE D PETER, E. LESLIE
NAME PETER, E. LESLIE
STREET ADDRESS 710 OAKFIELD DR. STE 220
CITY-ST-ZIP BRANDON FL

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 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, with all other like empowered.

SIGNATURE: [Signature] DATE 1/19/99 DAYTIME PHONE # 941-498-8232

CR2E034 (1/1/98)