

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serving the People
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # P92000001109 (7)

EXETER HOMES AT WYCLIFFE II, INC.

05 MAY 1995 10:35

DEPT. OF STATE
TALLAHASSEE, FLORIDA

4156 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH FL 33467		4156 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH FL 33467	
DO NOT WRITE IN THIS SPACE			
2. Filing Date: 10/30/1992		3a. Date of Last Report: 05/13/1994	
21. Suite, Apt. # etc.		4. FFI Number: 65-0368036	
22. City & State		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under 5-199-032, Florida Statutes: ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLLACK, EVAN B 4156 WYCLIFFE COUNTRY CLUB BLVD LAKE WORTH FL 33467		81. Name: SANFORD POLLACK 82. Street Address (P.O. Box Number is Not Acceptable): 4156 Wycliffe Country Club Blvd 83. City: Lake Worth 84. State: FL 85. Zip Code: 33467	
11. Pursuant to the provisions of Sections 197.0503 and 197.1508, 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 607.03, Florida Statutes. SIGNATURE: 4/19/95			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
POLLACK, SANFORD 4754 CARLTON GOLF DR LAKEWORTH, FL 33467		☐ Change ☐ Addition	
VP POLLACK, EVAN 4754 CARLTON GOLF DR LAKE WORTH, FL 33467		☐ Change ☐ Addition	
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		☐ Change ☐ Addition	
14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.07(3)(b), Florida Statutes. I further certify that the information indicated on this official report or supplementary 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 recipient of the information reported to me and that I am 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 amendment with an address.			
SIGNATURE:		4/19/95 (402) 964-2755	