


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000001063 (5)**

1. Corporation Name:  
**WORTHINGTON COMMUNITIES, INC.**

Principal Place of Business <b>17380 WINKLER ROAD FT. MYERS FL 33908 US</b>	Mailing Address <b>17380 WINKLER ROAD FT. MYERS FL 33908-6000 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/07/1993</b>	3a. Date of Last Report <b>03/05/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>65-0378321</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SOLD, ANDREA**  
**17380 WINKLER ROAD**  
**FORT MYERS FL 33908**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARRAGH, JEFF</b>	1.2 NAME	
STREET ADDRESS	<b>17380 WINKLER ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIBBETT, GLENN</b>	2.2 NAME	
STREET ADDRESS	<b>17380 WINKLER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LARRY</b>	3.2 NAME	
STREET ADDRESS	<b>17380 WINKLER RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GNAGEY, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>17380 WINKLER ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNELL, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>17380 WINKLER ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLD, ANDREA</b>	6.2 NAME	<b>Andrea Skiera</b>
STREET ADDRESS	<b>17380 WINKLER ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 482-PPJG  
941-4301201  
Date Daytime Phone #

CR2E034 (9/96)