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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300001063

1. Corporation Name

WORTHINGTON COMMUNITIES, INC.

Principal Place	e of Business	Mailing Address			_				
17380 WINKLER	ROAD	17380 WINKLER ROAD							
FT. MYERS FL 33908			FT. MYERS FL 33908			DO NOT WRITE IN THIS SPACE			
US		US	US			3. Date Incorporated or Qualifed			
					01/07/	1993			
2. Principal Pt	lace of Business	2a. Mailing Address	- <del></del>		4. FEI Num			A	pplied For
21		26		•	65-037	8321			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	e of Status Desired	o .		Additional equired
22	<u> </u>	27	-			<u> </u>			
City & State	е	City & State			1	Campaign Financing			May Be to Fees
23		28 Zin	Cour	tn/		nd Contribution			10 FEES
Zip	Country	Zip	30	iuy	1	ooration owes the current Property Tax.		gible ]Yes	<b>M</b> iNo
24	9. Name and Address of Currer	29 Agent	[30]			nd Address of New Re			<del>/ \                                   </del>
	5. Name and Address of Curren	it Registered Agent		81 Name	<u> </u>	- A- /			
SOU	id, andrea				ANTHONY	J. GARGI	<u>4NO</u>		
17380 WINKLER ROAD			ļ		Street Address (P.O. Box Number is Not Acceptable)				
FOR	T MYERS FL 33908		}	83					
	मध्य न्यायात्रात् स्थान				SUITE	203			
	(1998年) 推荐处理			84 City	· FIMY	en (	FL	85 Zip	Code
11 Dursuant	to the provisions of Sections 607.050	32 and 607 1508. Florida Stat	utes the ab	ove-named o	cornoration submits	this statement for the pu	rnose of ch	anging its	s registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corbo	ration's board of dir	ectors. I hereby accept t	the appointn	nent as re	egistered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, F	IOTICA STATE	les.		4/16/99			
	MILLION STORY	~~~				1117111			
SIGNATURE		int and title if applicable. (NO	TE: Registered	Agent signature re	equired when reinstating)	<del></del>	DATE		
12.	Signature, typed or printed haloo of registered age	ent and title if applicable. (NO ND DIRECTORS	TE: Registered	Agent signature re		NS/CHANGES TO OFFI		DIRECT	
	Signature, typed or printed haloo of registered age					NS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed a second of a construction of the second of	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADORESS Y-ST-ZIP		NS/CHANGES TO OFFI	CERS AND	_ Change	Addition
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SIGNATURE:

May 03, 1999 8:00 am Secretary of State

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