

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000025926 (5)

1. Corporation Name  
PRESTIGE HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business

59 MISTY MEADOW LANE  
MULBERRY FL 33860

Mailing Address

PO BOX 366  
HIGHLAND CITY FL 33846  
US

3. Date Incorporated or Qualified  
04/05/1993

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3175005

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN, GLENN  
59 MISTY MEADOW LANE  
MULBERRY FL 33860

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME NORMAN, GLENN  
STREET ADDRESS 59 MISTY MEADOW LANE  
CITY-ST-ZIP MULBERRY FL 33860

1.2 NAME V/O.  
1.3 STREET ADDRESS D.G. NORMAN  
1921 CLUBHOUSE RD  
1.4 CITY-ST-ZIP LAKELAND, FL. 33813

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME NORMAN, MADRENE  
STREET ADDRESS 59 MISTY MEADOW LANE  
CITY-ST-ZIP MULBERRY FL 33860

2.2 NAME P/O  
2.3 STREET ADDRESS GLENN NORMAN  
59 MISTY MEADOW LANE  
2.4 CITY-ST-ZIP MULBERRY, FL 33860

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME NORMAN, HELEN J  
STREET ADDRESS 1921 CLUBHOUSE RD  
CITY-ST-ZIP LAKELAND FL 33813

3.2 NAME S/O  
3.3 STREET ADDRESS HELEN J. NORMAN  
1921 CLUBHOUSE RD.  
3.4 CITY-ST-ZIP LAKELAND, FL. 33813

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appropriate, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
D.G. NORMAN V.P.

5-6-96 941-644-5791

Date

Daytime Phone #

CR2E034 (12/95)