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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33846-0366
US

2. Principal Place of Business

21 1921 CLUBHOUSE ROAD

Suite, Apt. #, etc.

22 City & State

23 LAKE LAND, FL

24 Zip 33813

25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

05/09/1996

4. FEI Number

59-3175005

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NORMAN, GLENN
59 MISTY MEADOW LANE
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name

DONALD G. NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)

1921 CLUBHOUSE RD.

83

84 City

LAKE LAND

FL

85 Zip Code 33813

11. Pursuant to the provisions of Sections 607.0507 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, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

4/26/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	NORMAN, GLENN	
STREET ADDRESS	59 MISTY MEADOW LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	DELETE
NAME	NORMAN, MADRENE	
STREET ADDRESS	59 MISTY MEADOW LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	DELETE
NAME	NORMAN, HELEN J	
STREET ADDRESS	1921 CLUBHOUSE RD	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	NORMAN, DONALD G.		
1.3 STREET ADDRESS	1921 CLUBHOUSE RD.		
1.4 CITY-ST-ZIP	LAKE LAND, FL 33813		
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 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: D. G. NORMAN, PRES. 4-13-97 941-644-5791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0384295

CR2E034 (9/96)