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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000026341 (6)

HANOVER HOMES, INC.					
Principal Place of Business		Mailing Address		I HARADER ING HERBE HINI BENIN DENIN DENIN BENIN BRAND HANN BANDA HANN BANDA HANN BANDA HANN BANDA HANN BA	
482 SW PT ST LUCIE BLVD PORT ST LUCIE FL 33453		482 SW PT ST LUCIE BLVD PORT ST LUCIE FL 33453			
				3. Date incorporated or Qualified 04/09/1993	3a. Date of Last Report 06/14/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3176026	Not Applicable
Suite, Apt #	i, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State	:	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zio		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation has lability for inta Florida Statutes X Yes [angible tax under si 199.032,
24	9. Name and Address of Current		1301	10. Name and Address of New Reg	
			81 Name		hateled whent
PETRO7	ZZELLI, PHILIP		82 Street Add	TUZZELL Philip dress (P.O. Box Number is Not Acceptable)	
	V. PORT ST. LUCIE BLVD		OF OHER MO	Jess (F.O. box hornoer is not Acceptable)	
	ST. LUCIE FL 34953		83		
			84 City		■■ 85 Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	da i Such change was author.	ized by the corporation's boa	ration submits triis statement for the purpo ard of d⊬ectors. I hereby accept the appoint	ise of changing its registered office tment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		IOTE Rejistered Agent signature require		DATE
TITLE	D OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	PETRUZZELLI, PHILIP G	End popular	1 2 NAME		Change Addition
STREET ADDRESS	482 SW PT ST LUCIE BLVD		1.3 STHEET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE FL 33453		14 CI Y - S* - ZIP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	PETRUZZELLI, MARILYN		2.2 NAME		استا د د استا
STREET ADDRESS	482 SW PT ST LUCIE BLVD		2.3 STHEFT ADDRESS		
CITY-S1-Z-P	PORT ST LUCIE FL 33453		240 IY ST ZP		
TITLE		☐ DELETE	3 1 TiTLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CHY - ST - ZIP		
TITLE NAME	<u> </u>	☐ DELETE	4 1 TOTLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADORESS		
TITLE		DELETE	4.4 C(1) - S1 - Z(F) 5 1 T(1): F		Change Addition
NAME		L _	5 2 NAME		Li change Li vadeno
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			54 CHTY - ST - 71P		
THILE		☐ DELETE	6 TITLE		Change Addition
NAME			6.2 NAME		 - <u>-</u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST-ZIP			64 CITY - ST - ZIP		
oath; that I	the information indicated on this annua	ial report or supplemental and Taken or the received or truste	nual report is true and accura se empowered to execute thi	for the exemption stated in Section 119.07 ate and that my signature shall have the sar is report as required by Chapter 607, Florid	me local effective if reade under

SIGNATURE:

ON ME OF SIGNING OFFICER OR DIRECTOR

4/30/41

Daytone: Prez 6 #