

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 # P93000068138 (5)

1. Corporation Name

ST. JAMES HOMES OF MAPLEWOOD, INC.



Principal Place of Business

1120 GOODLETTE ROAD  
SUITE-D  
NAPLES FL 33940  
US

Mailing Address

1120 GOODLETTE ROAD  
SUITE-D  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified  
09/30/1993

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.  
N/A NONE

26 State, Apt. #, etc.  
N/A NONE

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
65-0439243

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

10. Name and Address of New Registered Agent

PFEUFFER, WILLIAM A  
1124 GOODLETTE ROAD  
NAPLES FL 33940

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 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

|                      |                                 |        |
|----------------------|---------------------------------|--------|
| 11.1 TITLE           | D                               | DELETE |
| 11.2 NAME            | DELLAS, JAMES P                 |        |
| 11.3 STREET ADDRESS  | 7804 COCOBAY COURT              |        |
| 11.4 CITY, ST, ZIP   | NAPLES FL                       |        |
| 11.5 TITLE           | D                               | DELETE |
| 11.6 NAME            | TACKETT, JAMES E                |        |
| 11.7 STREET ADDRESS  | 3538 HALDEMAN CREEK DRIVE, #115 |        |
| 11.8 CITY, ST, ZIP   | NAPLES FL                       |        |
| 11.9 TITLE           |                                 | DELETE |
| 11.10 NAME           |                                 |        |
| 11.11 STREET ADDRESS |                                 |        |
| 11.12 CITY, ST, ZIP  |                                 |        |
| 11.13 TITLE          |                                 | DELETE |
| 11.14 NAME           |                                 |        |
| 11.15 STREET ADDRESS |                                 |        |
| 11.16 CITY, ST, ZIP  |                                 |        |
| 11.17 TITLE          |                                 | DELETE |
| 11.18 NAME           |                                 |        |
| 11.19 STREET ADDRESS |                                 |        |
| 11.20 CITY, ST, ZIP  |                                 |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |        |          |
|----------------------|--------|----------|
| 13.1 TITLE           | Change | Addition |
| 13.2 NAME            |        |          |
| 13.3 STREET ADDRESS  |        |          |
| 13.4 CITY, ST, ZIP   |        |          |
| 13.5 TITLE           | Change | Addition |
| 13.6 NAME            |        |          |
| 13.7 STREET ADDRESS  |        |          |
| 13.8 CITY, ST, ZIP   |        |          |
| 13.9 TITLE           | Change | Addition |
| 13.10 NAME           |        |          |
| 13.11 STREET ADDRESS |        |          |
| 13.12 CITY, ST, ZIP  |        |          |
| 13.13 TITLE          | Change | Addition |
| 13.14 NAME           |        |          |
| 13.15 STREET ADDRESS |        |          |
| 13.16 CITY, ST, ZIP  |        |          |
| 13.17 TITLE          | Change | Addition |
| 13.18 NAME           |        |          |
| 13.19 STREET ADDRESS |        |          |
| 13.20 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 changed, or as an officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. DELLAS

1/25/96

941-643-5800

CR2E034 (12/95)