

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 # **P93000073185 (9)**

1. Corporation Name

ISLANDER HOMES OF VICTORIA PARK, INC.



Principal Place of Business

Mailing Address

**2644 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

**2644 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21 **300 NE 11 AVE**
Suite, Apt. #, etc.

26 **P.O. BOX 2485**
Suite, Apt. #, etc.

22 City & State
23 **FT LAUDERDALE, FL**

27 City & State
28 **FT LAUDERDALE, FL**

24 Zip
33301 25 Country
US

29 Zip
33303-2485 30 Country
US

3. Date Incorporated or Qualified
10/21/1993

3a. Date of Last Report
02/07/1995

4. FEI Number
65-0444490

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

**NELLIS, WILLIAM R
2644 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306**

81 Name **HAROLD S BOFSHEVER**
82 Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD, SUITE 917
83
84 City **FT LAUDERDALE** FL 85 Zip Code **33304**

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] **HAROLD S. BOFSHEVER**

(NOTE: Registered Agent signature required when reinstating)

2/14/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE
NAME **NELLIS, WILLIAM R**
STREET ADDRESS **2644 EAST OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **PS** ☒ Change ☐ Addition
1.2 NAME **NELLIS, WILLIAM R**
1.3 STREET ADDRESS **300 NE 11 AVE**
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE **VPS** ☐ DELETE
NAME **MURPHY, RAYMOND L**
STREET ADDRESS **2644 EAST OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **VPS** ☒ Change ☐ Addition
2.2 NAME **MURPHY, RAYMOND L**
2.3 STREET ADDRESS **2409 E. LAS OLAS BLVD**
2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 on an attachment, with an address.

SIGNATURE:

[Signature] **RAYMOND L MURPHY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-523-8784

CR2E034 (12/95)