

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074361 (5)

1. Corporation Name

HERRINGTON HOMES CORP.



Principal Place of Business

401 W. LINTON BLVD.
SUITE 202
DELRAY BEACH FL 33444
US

Mailing Address

6017 PINE RIDGE RD.
SUITE 221
NAPLES FL 33999
US

2. Principal Place of Business

21 299 MONTEREY DR.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FLORIDA

Zip Country

24 33999 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33999 30 USA

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

06/23/1995

4. FEI Number

65-0447781

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

CIOCE, ROSEANN P
299 MONTEREY DRIVE
NAPLES FL 33999

10. Name and Address of New Registered Agent

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 officer 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 type for proposed new registered agent (if not applicable)

Signature type for proposed new registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST ☐ DELETE

NAME CIOCE, ROSEANN P
STREET ADDRESS 299 MONTEREY DRIVE
CITY-STATE-ZIP NAPLES FL 33999

TITLE P ☐ DELETE

NAME CIOCE, DOUGLAS G
STREET ADDRESS 299 MONTEREY DRIVE
CITY-STATE-ZIP NAPLES FL 33999

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (941) 455-4433

Date

Daytime Phone

CR2E034 (12/95)