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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P93000074361 (5)

1. Corporation Name
HERRINGTON HOMES CORP.

Principal Place of Business	Mailing Address
299 MONTEREY DR NAPLES FL 33999 US	6017 PINE RIDGE RD. SUITE 221 NAPLES FL 33999 US

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 02/02/1996

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

2. Principal Place of Business	2a. Mailing Address
21 299 MONTEREY DRIVE	26 6017 Pine Ridge Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 221
City & State 23 NAPLES, FLORIDA	City & State 28 NAPLES, FLORIDA
Zip 24 34119 Country 25 USA	Zip 29 34119 Country 30 USA

9. Name and Address of Current Registered Agent

DENTI, KEVIN A
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES FL 34103

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 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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CIOCE, ROSEANN P		1.2 NAME	
STREET ADDRESS	299 MONTEREY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP	NAPLES FLORIDA 34119
TITLE	P	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	CIOCE, DOUGLAS G		2.2 NAME	
STREET ADDRESS	299 MONTEREY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999		2.4 CITY-ST-ZIP	NAPLES FLORIDA 34119
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 by [signature] Pres. DOUGLAS G. CIOCE 1-20-97 (941)592-9398