

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90021 047 ***158.75

DOCUMENT # P93000074361
1. Entity Name
HERRINGTON HOMES CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
809 Walkerbilt Rd
Suite, Apt. #, etc. 8
City & State Naples FL 34110
Zip 34110 Country Collier

3. Mailing Address
809 Walkerbilt Rd
Suite, Apt. #, etc. 8
City & State Naples FL
Zip 34110 Country Collier

24000654

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0447781 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CIOCE, DOUGLAS G
Street Address (P.O. Box Number is Not Acceptable) 7051 Hunters Rd
City Naples FL Zip Code 34109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Douglas G. Cioce* President 01-06-04
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	VST	TITLE	
NAME	CIOCE, ROSEANN P	NAME	
STREET ADDRESS	7051 HUNTERS RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	CIOCE, DOUGLAS G	NAME	
STREET ADDRESS	7051 HUNTERS RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or on an attachment with an address, with an office or home address.

SIGNATURE: *Douglas G. Cioce* Douglas G. Cioce Pres. 01-06-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)