FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 27 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 # **P94000005793 (2)**

1. Corporation Name
HARMONY HOMES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1219 BROOKWOOD FOREST BLVD JACKSONVILLE FL 32225	1219 BROOKWOOD FOREST BLVD JACKSONVILLE FL 32225-9041

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business
21 12297 Hidden Hills Dr
Street Address
22
City & State
23 Jax. Fl
Zip 24 32225 Country 25 USA

2a. Mailing Address
26 12297 Hidden Hills Dr
Suite, Apt. #, etc.
27
City & State
28 Jax. Fl
Zip 29 32225 Country 30 USA

4. FEI Number: **59-3220902** ☐ 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

SHACTER, DAVID A
1219 BROOKWOOD FOREST BLVD
JACKSONVILLE FL 32225

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE D, P, S, T	☒ Change ☐ Addition
1.2 NAME	SHACTER, DAVID A	1.2 NAME David A Shacter	
1.3 STREET ADDRESS	1219 BROOKWOOD FOREST BLVD	1.3 STREET ADDRESS 12297 Hidden Hills Dr	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP Jax Fl 32225	
2.1 TITLE	☐ DELETE	2.1 TITLE V	☐ Change ☒ Addition
2.2 NAME		2.2 NAME Melody Shacter	
2.3 STREET ADDRESS		2.3 STREET ADDRESS 3351 Millcrest Place	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP Jacksonville, FL 32277	
3.1 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare 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 added above or on an attachment with an address.

SIGNATURE: David A Shacter 3-6-97 904 998-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
David A Shacter