1-18-95 B0083-C3

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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 JAN 18 PM 2:32

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000013866 (6)

1. Corporation Name
SHELBY HOMES AT THE COURTYARDS, INC.

Principal Place of Business	Mailing Address
19105 N.E. 21ST AVE. NORTH MIAMI FL 33179	19105 N.E. 21ST AVE. NORTH MIAMI FL 33179

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0501520 ☐ 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
SIMON, ERIC A 800 CORPORATE DR. SUITE 510 FORT LAUDERDALE FL 33334	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 signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	D/P	☒ Change ☐ Addition
NAME	SHELLEY, ROBERT	1 2 NAME	SHELLEY, ROBERT	
STREET ADDRESS	19105 N.E. 21ST AVE.	1 3 STREET ADDRESS	19105 N.E. 21ST AVE.	
CITY ST ZIP	NORTH MIAMI FL 33179	1 4 CITY ST ZIP	North Miami, FL 33179	
TITLE		2 1 TITLE	D/VP/S	☐ Change ☒ Addition
NAME		2 2 NAME	SIMON, ERIC A	
STREET ADDRESS		2 3 STREET ADDRESS	800 CORPORATE DR. #510	
CITY ST ZIP		2 4 CITY ST ZIP	Ft LAUDERDALE, FL 33334	
TITLE		3 1 TITLE	VPT	☐ Change ☒ Addition
NAME		3 2 NAME	SHELLEY, JASON	
STREET ADDRESS		3 3 STREET ADDRESS	19105 N.W. 21ST AVE	
CITY ST ZIP		3 4 CITY ST ZIP	North Miami, FL 33179	
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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: Eric A Simon 1/13/95 305-491-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105777 CP