

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054200 (8)

1. Corporation Name

PALM COAST HOME BUILDERS OF SOUTH FLORIDA, INC.



Principal Place of Business

8211 BAMA LANE
5
WEST PALM BEACH FL 33411
US

Mailing Address

6064 OKEECHOBEE BLVD.
P. O. BOX 170667
WEST PALM BEACH FL 33417
US

3. Date Incorporated or Qualified
07/19/1994

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 210396

22 City & State

27 Suite, Apt. #, etc.
28 Royal Palm Beach, FL

23 Zip Country

29 33421 30 USA

4. FEI Number
65-0504929

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

PARENTE, WENDY A
179 DOROTHY DR.
WEST PALM BEACH FL 33415

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 block applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PSTD
PARENTE, WENDY A
179 DOROTHY DR.
WEST PALM BEACH FL 33415

12.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
CARTER, PHILIP R JR
179 DOROTHY DR.
WEST PALM BEACH FL 33415

12.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.7 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Wendy Ann Parente
1/29/96 407-648-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)