## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035572 (3)

GALLERY OF NEW HOMES, INC.

Principal Place of Business Mailing Address **109 OVERLEA WAY** 109 OVERLEA WAY VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/01/1995</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0701892 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTERSON, JOHN 48 N. WASHINGTON BLVD. #1 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME MCGIFFEN, JOHN W 1.2 NAME 109 OVERLEA WAY STREET ADDRESS 1.3 STREET ADDRESS **VENICE FL 34292** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE **VPAS** 2.1 TITLE **EDSEL**, ED NAME 2.2 NAME **409 OVERLEA WAY** STREET ADDRESS 2.3 STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME CHAMBERLAIN, FRED 3.2 NAME STREET ADDRESS 109 OVERLEA WAY 3.3 STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP 3.4. CITY - ST - ZIP X DELETE TITLE 4.1 TITLE Change Addition **VPAS** NAME SHIPPS, PETER 4. 2 NAME 109 OVERLEA WAY STREET ADDRESS 4.3 STREE1 ADDRESS <u>YENICE</u> FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition **VPAS** 5.1 TOTAL NAME EGGLESTON, SUSAN E 5.2 NAME STREET ADDRESS **109 OVERLEA WAY** 5.3 STREET ADDRESS CITY-ST-ZIP **VENICE FL** 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition BARBARA J. THOMAS

14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

mª Hellen

109 OverleA WA

941-497-4784

**FILED** 

May 08 1998 8:00am

Secretary of State