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FILED  
Apr 23 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 # P95000039652 (9)

1. Corporation Name

ECCLESTONE SIGNATURE HOMES I COMPANY



Principal Place of Business

1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401-2357

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0594755

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

ECCLESTONE, E. L JR.  
1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ECCLESTONE, E. LLWYD III	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. STE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ECCLESTON, E. L JR	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. STE. 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	EVT	<input type="checkbox"/> DELETE
NAME	COOPER, RON	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS, GARY	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEYENDECKER, HELENA	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE. 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (561) 686-2000

Date

Daytime Phone #

CR2E034 (9/96)