

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039918

FILED
Apr 26, 2004
Secretary of State

Entity Name: FLORIDA DESIGN COMMUNITIES, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRDIVE
SUITE 300
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DRDIVE
SUITE 300
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 65-0585945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, N VIVIEN
24301 WALDEN CTR. DR.
BONITA SPGS, FL 34134 US

Name and Address of New Registered Agent:

HASTINGS, N VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIVIEN N. HASTINGS

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CROSS, WANDA Z
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DTV () Delete
Name: ADELMAN, STEVEN C
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS () Delete
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN N. HASTINGS

S

04/26/2004

Electronic Signature of Signing Officer or Director

Date