

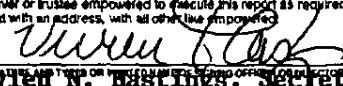
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000039918			
1. Entity Name FLORIDA DESIGN COMMUNITIES, INC.			
Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134 US		Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. FEI Number 65-0585945		Applied For ☐ NOT APPLICABLE	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, N VIVIAN 24301 WALDEN CTR. DR. BONITA SPRGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	CROSS, WANDA Z	TITLE	James D. Cullen ☐ Change ☒ Addition
STREET ADDRESS	24301 WALDEN CENTER DRIVE	NAME	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DT ☐ Delete	TITLE	DTV ☒ Change ☐ Addition
NAME	ADELMAN, STEVEN C	NAME	Steven C. Adelman
STREET ADDRESS	24301 WALDEN CENTER DRIVE	STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HASTINGS, VIVIAN N	NAME	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		03/24/03 (239) 498-8605	
Vivian N. Hastings, Secretary			