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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55021535

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039918

1. Entity Name
FLORIDA DESIGN COMMUNITIES, INC.

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134 US	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

XX CHECK HERE IF MAKING CHANGES

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 VIVIEN
24301 WALDEN CTR. DR.
BONITA SPGS, 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CROSS, WANDA Z 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V James D. Cullen 24301 Walden Center Drive Bonita Springs, FL 34134 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ADELMAN, STEVEN C 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV Steven C. Adelman 24301 Walden Center Drive Bonita Springs, FL 34134 X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OS HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I 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 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
Vivien N. Hastings, Secretary
Date Daytime Phone #