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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000054964

ISLAND HERITAGE HOMES, INC.

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Principal Place of Business Mailing Address											
1261 INDIAN MOUND TRAIL 1261 INDIAN MOUND TRAIL											
vero beach f	°L 32963	VERO BEACH FL 32963				1	DC	NOT WRIT	E IN THIS	SPACE	
						3. Date Inc			L 114 11110	JI NOL	<del></del>
								Ji Quallieu			Į.
						07/17/				- 1 1 4	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Num				<del></del>	pplied For
21		26				00 0000112					ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
2		27								Fee R	equired
City & State	9	City & State				6. Election	Campaign	Financing		\$5.00	May Be
13		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip		Country	•	8. This cor	poration ov	es the curre	ent year Inta	angible	
24	25		30			Personal Property Tax. Yes				No	
	9. Name and Address of Curre	nt Registered Age	ent			10. Name a	nd Addres	s of New R	egistered A	Agent	
				81	Name •	D	C.	DOE	00		
FENNELL, TODD W				82							
979	Beachland BLVD.				I -		Number is i	voi Accepta	RAIL		
	O BEACH FL 32963	<u>,</u>			126	/ <del>-</del>	1.100	<u>~ U                                   </u>	<u> </u>		
<b>V</b>	5 52761112 52555			83							
				84	City	RO BEI				85 Zip	Code 2963
									<u>FĻ</u>		
office or re	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such d	hange was author	onzed by	the corporat	rporation submits tion's board of di	rectors. I h	ereby accep	t the appoin	itment as re	egistered
SIGNATURE	ومسائل سرميات	ROGER	C. DOE	RR,	PRESI	DENT		- 4	16/90	7	{
0.0,0.0.0	Signature dyled or printed name of registered age	ent and title if applicable.	(NOTE: Reg	istered Age	nt signature requii	ired when reinstating)			DATE	• :-	
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIO	NS/CHANC	SES TO OFF	ICERS AN		
TITLE	DPS		☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	DOERR, ROGER C			12 NAME							
STREET ADDRESS	1261 INDIAN MOUND TRAIL			1.3 STREE	T ADDRESS						
CITY-ST-ZIP	VERO BEACH FL 32963		14 CITY-ST-ZIP								
TITLE	DV		DELETE	2.1 TITLE						Change	☐ Addition
	HAZEL, ERNEST III			2.2 NAME							
NAME					T ADDRESS				-	_	
STREET ADDRESS	1261 INDIAN MOUND TRAIL										
CITY-ST-ZIP	VERO BEACH FL 32963		TROUTE	2.4 CITY-5	SI-ZIP					Change	Addition
TITLE		ľ	DELETE	3.1 TITLE						- Cuange	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRESS						
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP						
TITLE	F :		DELETE	4.1 TITLE						Change	☐ Addition
NAME				4. 2 NAME							
STREET ADDRESS	s		4.3 STREET ADDRESS								
				4.4 CITY-S							
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	/1 <u></u> #			•		☐ Change	Addition
TITLE		'		5.2 NAME							_ {
NAME					TADDOCCC						
STREET ADDRESS					TADDRESS						\
CITY-ST-ZIP				5.4 CITY-5	si-ZIP	<del>, ,</del>	<del>.</del>				☐ Addir
TITLE		f	DELETE	6.1-TITLE				•		Change	☐ Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	TADDRESS						

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



**FILED** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90060 031 \*\*\*150.00