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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Change

Daytime Phone #

☐ Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

DOCUMENT # P95000071408 (5)

SUNLAND HOMES AT HARBOR HILLS, INC.

1120 ROYAL PALM BEACH BLVD. STE 172 1120 ROYAL PALM BEACH BLVD. STE 172 ROYAL PALM BEACH FL 33411-1607 ROYAL PALM BEACH FL 33411 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1995 02/02/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0615337 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Zip Yes 🗌 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KORNFELD, GARY L 1400 CENTREPARK BLVD. STE 1400 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 **B3** 84 Zip Code City 85 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 DATE (NOTE Registered Agent signature required when reinstating) Signarure, typed or printed name of registered agent and offelif applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE YOUNG, FRANK É CR2E034 1,2 NAME NAME 1120 ROYAL PALM BEACH BLVD. STE 172 1.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition VPD DELETE 2.1 TITLE TITLE HEINE, CHRIS A 2.2 NAME NAME 1120 ROYAL PALM BEACH BLVD. STE 172 2.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 2. 4 CITY - ST-ZIP CITY - ST- ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

5.3 STREET ADDRESS

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

5.4 CITY - ST - 2IP

6.1 TITLE

6.2 NAME

GNING OFFICER OR DIRECTOR

DELETE

appears in Block 12 or Block 13 if changed, or on an attachment with an address