Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90083 030 \*\*\*150.00

## 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 # P95000080073

1. Corporation Name

WHITEHALL HOMES AT MAPLE HAMMOCK, INC.

SARASOTA FL 34236  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/18/1995  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For	*** 11 1 141 17									
SARASOTA FL 3428  SARASOTA FL 34237  11. Pursuant to the provisions of Sections 607,0552 and 807,1559, Florida Shatuses. The arrangement of the purpose of changing site registered organic. I arri lamiliar with, and accept the obligations of, Section 607,0555, Florida Shatuses.  SIGNATURE  SARASOTA FL 34237  12. OFFICERS AND DIRECTORS IN 12. ITIME.  MUSTARI, JOANNE  SARASOTA FL 34237  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/148/1995  4. FEI Number 65-6615801  S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$5.00 May 6 Addition   \$6.00 May 6	Principal Place	of Business	Mailing Address				* (BB1(BB) 1/B (BU) (B))			
10/18/1995							DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Francisco   \$8.75 Additional Francisco   \$8.75 Additional Francisco   Status Desired   Status Desired   \$8.75 Additional Francisco   Status Desired   Stat			•							
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   State   28   City & State   City & State   28   City & State   28   State   28   State   29   Sta	2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	21		26				65-0615801	Not	Applicable	
City & State 28	Suite, Apt.	#, etc.	<b>⊢</b>	-			LE C-Miferate of Status Decired		I .	
Zip   Country   Zip   Country   Zip   Country   Street Agent   Street Address of Current Registered Agent   Street Address of Current Registered Agent   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acce	City & State	9	City & State				1			
9. Name and Address of Current Registered Agent  ROBERT MESSICK ATTN: ROBERT E. MESSICK 2033 MAIN STREET, SUITE 600 SRASOTA FL 34237  84 City FL 85 Zip Code  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, and accept the obligations of, Section 607.0505, 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 and time if applicable.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. TITLE  DIRECT ADDRESS  SARASOTA FL 34237  14. GITV-ST-ZP  NAME  MUSTARI, JOANNE  22. NAME  STREET ADDRESS  ANASOTA FL 34237  DELETE  23. STREET ADDRESS  ANASOTA FL 34237  DELETE  23. STREET ADDRESS  ANASOTA FL 34237  DELETE  31. TITLE  Change  Addition  NAME  STREET ADDRESS  SARASOTA FL 34237  DELETE  31. TITLE  Change  Addition  NAME  STREET ADDRESS  ANASOTA FL 34237  DELETE  31. TITLE  Change  Addition  ANAGE  Addition  ANAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  ANAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Zip		Zip		itry	•	8. This corporation owes the current year Intangib		□No	
ROBERT MESSICK ATTN: ROBERT E. MESSICK 2033 MAIN STREET, SUITE 600 SRASOTA FL 34237  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed raine of registered agent and liter if applicable.  NOTE: Registered Agent signature required when reintation;  TILE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  D  MUSTARI, RONALD  12.NAWE  NUSTARI, RONALD  13. STREET ADDRESS  290 COCOANUT AVENUE  13. STREET ADDRESS  SARASOTA FL 34237  14. CITY-ST-ZIP  NAME  MUSTARI, JOANNE  22. NAME  MUSTARI, JOANNE  22. NAME  MUSTARI, JOANNE  23. STREET ADDRESS  290 COCOANUT AVENUE  23. STREET ADDRESS  290 COCOANUT AVENUE  23. STREET ADDRESS  297. ST. ZIP  Addition  NAME  MUSTARI, JOANNE  22. NAME  13. STREET ADDRESS  SARASOTA FL 34237  14. CITY-ST-ZIP  Change Addition  Addition  Addition  NAME  MUSTARI, JOANNE  33. STREET ADDRESS  290 COCOANUT AVENUE  34. CITY-ST-ZIP  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS (CHANGES TO OFFICERS AN	24		- T	<u> </u>		<u> </u>		t		
ATTIN: RUBERT E. MESSICK 2033 MAIN STREET, SUITE 600 SRASOTA FL 34237  83  84 City FL 85 Zip Code  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 of 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, and familiar within, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remistating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1TITLE D Addition  MUSTARI, RONALD 12NAME 290 COCOANUT AVENUE 13. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 14.CITY-ST-ZIP  TITLE D D DELETE 21TITLE D Change Addition  NAME MUSTARI, JOANNE 22NAME 23 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 24.CITY-ST-ZIP  TITLE D DELETE 31.TITLE D Change Addition Addition  NAME 32NAME 32NAME 32NAME 31TITLE Change Addition Additi		ERT MESSICK					cos (D.O. Pov Number is Not Acceptable)			
SRASOTA FL 34237  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.	ATTN: ROBERT E. MESSICK				82 Street Address (P.O. Box Number is Not Acceptable)				·	
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 agent, and facety the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and familiar with, and accept the obligations of sections of sections of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in familiar with, and accept the obligation of corporation's board of directors. I hereby accept the appointment as registered agent, in familiar with, and accept the obligation of corporation's board of directors. I hereby accept the appointment as registered agent, in familiar with, and accept the obligation of corporation's board of directors. I hereby accept the appointment as registered agent agent. In familiar with, and accept the obligation of corporation's board of directors. I hereby accept the appointment as registered agent agent agent appointment as registered agent agent agent algunation is possible appointment as registered agent agent algunation is possible appointment as a registered agent algunation is possible and appo	2033 MAIN STREET, SUITE 600				83					
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office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's obard of directors. Thereby accept the appointment as egistered agent and the flonda. Such change was authorized by the corporation's obard of directors. Thereby accept the appointment as egistered agent and the flonda. Such change statutes.  SIGNATURE    12				'	84	City	FL  °°	Zip C	000	
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	]	•		4.3 STR	REET	ADDRESS				

14. 1 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 armual 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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

WE REQUIRED

DELETE

☐ DELETE

Daytime Phone A

Change

☐ Change

☐ Addition

☐ Addition