

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094068

1. Corporation Name

HILLCREST HOMES OF LAKE DAVENPORT, INC.

Principal Place of Business

Mailing Address

2843 S. Bayshore Drive
#14D
Coconut Grove, Florida
33133

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#14D
Coconut Grove, Florida
33133

3. Date Incorporated or Qualified
12/12/95

3a. Date of Last Report
N/A

2. Principal Place of Business

Mailing Address

21 5040 W. IRLO BRANSON HWY

26 5040 W. IRLO BRANSON HWY

4. FEI Number

65-0634607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steven M. Meyers, P.A.
One Biscayne Tower, Suite 3550
Two South Biscayne Boulevard
Miami, Florida 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME Skorman, Marc
STREET ADDRESS 2843 S. Bayshore Drive, #14D
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE D/S - Chairman of the Board
NAME Meyers, Hillel A.
STREET ADDRESS 4875 Pine Tree Drive
CITY-ST-ZIP Miami Beach, FL 33140

TITLE D/V
NAME Meyers, Neil S.
STREET ADDRESS 5001 Lake Cecile Drive
CITY-ST-ZIP Kissimmee, FL 34746

TITLE D/V/T
NAME Skorman, Kevin
STREET ADDRESS 2843 S. Bayshore Drive, #14D
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Marc Skorman, President

Date

Daytime Phone #

407-396-8300 EXT 5119

CR2E034 (12/95)