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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000095599 (3)

1. Corporation Name

LUXURY HOMES AT POINTE VERDE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 349 14TH AVE. SOUTH NAPLES FL 33940		Mailing Address 349 14TH AVE. SOUTH NAPLES FL 33940	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 14323 S. OUTER 40 ROAD	
22 City & State		27 STE. 120 SOUTH	
23 Zip		28 TOWN & COUNTRY MO	
24 Country		29 63017	
25		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILSON, GARY K 4501 TAMiami TRAIL NORTH SUITE 400 NAPLES FL 33940		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	OEVERSON, THOMAS H	1.2 NAME	
STREET ADDRESS	711 18TH AVE. SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BORELLI, VINCENT	2.2 NAME	
STREET ADDRESS	7215 TORY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	STONE, DAVID A	3.2 NAME	
STREET ADDRESS	14323 S. OUTER 40 ROAD, #120 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOWN & COUNTRY MO 63017	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)