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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 27, 1999 8:00 am Secretary of State

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1. Corporation Name

VILLAC AT HADROD OPEN INC

VILLAG A	AT HANDON GREEN INC.					
Principal Place	o of Puoinoss	Mailing Address		# 10001/0001 118 10101 DILLI 80111	BOLLI OBIIL BOLLO IDLIO BILLI BI	
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1 HARBOR CLU KEY LARGO FL		<del>100 ANCHOR DR</del> <del>≠18</del> ~				
US	. 3000	KEY LARGO FL 33037			RITE IN THIS SPACE	
		US		<ol> <li>Date Incorporated or Qualife</li> <li>12/20/1995</li> </ol>	d	
2. Principal P	lace of Business	2a. Mailing Address	/	4. FEI Number		Applied For
21		26 8925 SW 14	85T	65-0719513		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
22		27 #218		3. Certificate of Status Desired	Fee	Required
City & Stat	e	City & State		6. Election Campaign Financing	g 🖂 \$5.0	<b>0</b> May Be
23		28 / ((AM) /		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip 32/7/ -	Country	8. This corporation owes the cu	· -	□ Na
24	25	29 201/6 30	DADE	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
1 EW	IS, THOMAS E		81 Name	SKRLD INC.		
	ANCHOR DR		82 Street A	ddress (P.O. Box Number is Not Acce	ptable)	
#18			2	Ol HUNAMBRA	Circle	<del>-</del>
	LARGO FL 33037		83 5	wite 1102		
			84 City	ORAL GAbles	FL 85 3	o Code 3/34
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508, Florida Statutes,	the above-named of	orporation submits this statement for the ration's board of directors. I hereby according to the ration's board of directors.	ne purpose of changing	its registered
office or r	egistered agent, or both, in the State	on Florida, 9uch change was auth	orized by the corpo a Statutes.	ration's board of directors. I hereby acc	sept the appointment as	registered
	in partical with and docopt the obilet	porto pi, accurat con tecco i i i i i i	<b>/</b> 3		• / TT 7 / /	n/7
		<u> </u>	1.P.		1 100114	19
SIGNATURE	Signature, typed or printed name of registered agen	V	egistered Agent signature re		DATE DATE	<u>/</u>
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	ハヤ		DATE DEFICERS AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating)	DATE V	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECTOR	TORS IN 12
SIGNATURE  12.  TITLE	Signature, speed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signature re 13. 1.1 TITLE	quired when reinstating)  ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECTOR	TORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, rysed or printed name of registered ager OFFICERS AN PD LEWIS, THOMAS E 100 ANCHOR DR, #18 LEY LARGO FL 33037 VPAS	nt and title if applicable. (NOTE: Re	agistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)  ADDITIONS/CHANGES TO C	DATE  DEFICERS AND DIRECTOR	TORS IN 12 e Addition
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14. I hereby certify that the information supplied with this filing does not quarify 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 attrement with an address, with all other like empowered.

**SIGNATURES**