

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90048 030 ***158.75

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DOCUMENT # P96000045882

1. Corporation Name

SHELBY HOMES AT CORAL SPRINGS, INC.

Principal Place of Business
9050 PINE BOULEVARD #250
PEMBROKE PINES FL 33024

Mailing Address
9050 PINE BOULEVARD #250
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

4. FEI Number

65-0670371

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 2825 University Dr

22 Suite 300

23 Coral Springs, FL

24 33065

25 USA

2a. Mailing Address

26 2825 University Dr

27 Suite 300

28 Coral Springs, FL

29 33065

30 USA

10. Name and Address of New Registered Agent

81 Name

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

2825 University Drive

83 Suite 300

84 Coral Springs

FL

85 Zip Code

33065

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

2/22/98

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SHELLEY, ROBERT
STREET ADDRESS 9050 PINE BOULEVARD #250
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DVST ☐ DELETE

NAME SIMON, ERIC A
STREET ADDRESS 9050 PINES BLVD., SUITE 250
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VP ☐ DELETE

NAME MYERSON, JOSEPH
STREET ADDRESS 9050 PINES BLVD., SUITE 250
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 2825 University Dr. #300
1.3 STREET ADDRESS Coral Springs, FL 33065
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 2825 University Dr. #300
2.3 STREET ADDRESS Coral Springs, FL 33065
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 2825 University Dr. #300
3.3 STREET ADDRESS Coral Springs, FL 33065
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

ERIC A. SIMON

2/22/98

954-757-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)