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02-01-1999 90029 011 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000058078

1. Corporation Name

PRESTIGE HOMES OF THE NATURE COAST, INC.

Principal Place of Business

3193 SHOAL LINE BLVD  
HERNANDO BEACH FL 34607  
US

Mailing Address

3193 SHOAL LINE BLVD  
HERNANDO BEACH FL 34607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

59-3386799

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

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, THOMAS N  
3193 SHOAL LINE BLVD  
HERNANDO BEACH FL 34607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME ANDERSON, THOMAS N  
STREET ADDRESS 6614 WEST RICHARD DRIVE  
CITY-ST-ZIP WEEKI WACHEE FL

TITLE VPS ☐ DELETE

NAME ANDERSON, GAIL R  
STREET ADDRESS 6614 WEST RICHARD DRIVE  
CITY-ST-ZIP WEEKI WACHEE FL

TITLE ☐ DELETE

NAME ANDERSON, THOMAS N  
STREET ADDRESS 3193 SHOAL LINE BLVD  
CITY-ST-ZIP HERNANDO BEACH FL

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ DELETE

NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

352-596-5415

Daytime Phone #

CR2E034 (1/1/98)