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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000059420 (5)

1. Corporation Name

SUNCASTLE BUILDERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

939 JOY CIRCLE  
MARCO ISLAND FL 34145

Mailing Address

939 JOY CIRCLE  
MARCO ISLAND FL 34145-2720

3. Date Incorporated or Qualified  
07/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 850 Wild Eagle Drive

2a. Mailing Address

26 LA Box 190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Marco Island, FL

Zip

24 34145

Country

25 USA

27 City & State

28 Marco Island

Zip

29 FL

Country

30 34146

4. FEI Number

65-0681163

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

NOLD, JOHN A  
995 NORTH COLLIER BOULEVARD  
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME GARRY, TIM  
STREET ADDRESS 854 BAMBOO COURT  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ DELETE

NAME GORDON, LINDA  
STREET ADDRESS 939 JOY CIRCLE  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ DELETE

NAME HOENIG, HANS  
STREET ADDRESS 939 JOY CIRCLE  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ DELETE

NAME BURZO, NUNZIE  
STREET ADDRESS 939 JOY CIRCLE  
CITY-ST-ZIP MARCO ISLAND FL 34145

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0418824

CR2E034 (9/96)