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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000090200 (2)

1. Corporation Name
NLS COMMUNITIES, INC.

Principal Place of Business
222 LAKEVIEW AVENUE
SUITE 200
W. PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVENUE
SUITE 200
W. PALM BEACH FL 33401-6147

3. Date Incorporated or Qualified
11/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 1800 CORPORATE BLVD.

2a. Mailing Address

26 1800 CORPORATE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 300

27 # 300

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33431

25 USA

29 33431

30 USA

4. FEI Number

65-0704238

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

KOEPEL, JOEL P
222 LAKEVIEW AVENUE
SUITE 200
W. PALM BEACH FL 33401

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 D ☒ DELETE
NAME KOEPEL, JOEL P
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 200
CITY-ST-ZIP W. PALM BEACH FL 33401

1.1 TITLE D, P ☐ Change ☒ Addition
1.2 NAME Ned L. Stage, I
1.3 STREET ADDRESS 1800 Corporate Blvd. N.W. Suite 300
1.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D, V, S ☐ Change ☒ Addition
2.2 NAME Bruce S. Grundt
2.3 STREET ADDRESS 1800 Corporate Blvd. N.W. Suite 300
2.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 300002155083--2
4.3 STREET ADDRESS -04/25/97--01053--009
4.4 CITY-ST-ZIP ****165.00 ****165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 #

0208115

CR2E034 (9/96)