

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90001 001 *1,050.00

4001013

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000020833

1. Corporation Name
COMMUNITIES AMENITIES, INC.



Principal Place of Business	Mailing Address
24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134 US	24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified	03/06/1997
4. FEI Number	59-3431364
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
 801 LAUREL OAK DRIVE
 SUITE 500
 NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name	Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable)	24301 Walden Center Drive
83	
84 City	Bonita Springs FL
85 Zip Code	34134

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: *Vivien Hastings* DATE: 1/18/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, ALFRED JR	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DISTEFANO, PAUL L	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRY, DAVID L	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ADELMAN, STEVEN C	
STREET ADDRESS	24301 WALDEN CENTER DR, STE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASTINGS, VIVIEN N	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Adelman, Steven C.
4.3 STREET ADDRESS	24301 Walden Center Drive
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vivien Hastings* DATE: 1/18/99 (941) 947-2600

CR2E034 (1/98)