

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020837 (5)

1. Corporation Name

COMMUNITIES HOME BUILDERS, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number
59-3431554

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 24301 Walden Center Drive

Suite, Apt. #, etc.
22 Suite 300
City & State

23 Bonita Springs, FL

Zip

34134

Country

USA

2a. Mailing Address
26 24301 Walden Center Drive

Suite, Apt. #, etc.
27 Suite 300
City & State

28 Bonita Springs, FL

Zip

34134

Country

USA

9. Name and Address of Current Registered Agent

HASTINGS, VIVIAN H
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 Suite 300
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

Vivian Hastings

(NOTE: Registered Agent signature required when reappointing)

2/11/98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
HOFFMAN, ALFRED JR
STREET ADDRESS
801 LAUREL OAK DR, STE 500
CITY-ST-ZIP
NAPLES FL 34108

☐ DELETE

TITLE
NAME
D
WHITNEY, SCOTT R
STREET ADDRESS
801 LAUREL OAK DR, STE 500
CITY-ST-ZIP
NAPLES FL 34108

☒ DELETE

TITLE
NAME
D
GOENAGA, ARMANDO
STREET ADDRESS
801 LAUREL OAK DR, STE 500
CITY-ST-ZIP
NAPLES FL 34108

☐ DELETE

TITLE
NAME
☐ DELETE

☐ DELETE

TITLE
NAME
☐ DELETE

☐ DELETE

TITLE
NAME
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
24301 Walden Center Drive
1.4 CITY-ST-ZIP
Bonita Springs, FL

☒ Change ☐ Addition

2.1 TITLE
DT
2.2 NAME
Steven C. Adelman
2.3 STREET ADDRESS
24301 Walden Center Drive
2.4 CITY-ST-ZIP
Bonita Springs, FL

☐ Change ☒ Addition

3.1 TITLE
DP
3.2 NAME
Armando Goenaga
3.3 STREET ADDRESS
24301 Walden Center Drive
3.4 CITY-ST-ZIP
Bonita Springs, FL

☒ Change ☐ Addition

4.1 TITLE
V
4.2 NAME
Paul L. DiStefano
4.3 STREET ADDRESS
24301 Walden Center Drive
4.4 CITY-ST-ZIP
Bonita Springs, FL

☐ Change ☒ Addition

5.1 TITLE
S
5.2 NAME
Vivien N. Hastings
5.3 STREET ADDRESS
24301 Walden Center Drive
5.4 CITY-ST-ZIP
Bonita Springs, FL

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Vivien N. Hastings, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/98 (941) 947-2600

Date Daytime Phone # 0441680

CR2E034 (10/97)