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

PROFIT CORPORATION ANNUAL REPORT 1999



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

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR 21 AM 10: 24

DOCUMENT # P97000031345

1. Corporation Name ADRIAN HOME COMMUNITIES AT EAGLE COVE, INC.

Principal Place of Business 2460 SW 137TH AVE. SUITE 238 MIAMI FL 33175

Mailing Address 2460 SW 137TH AVE. SUITE 238 MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 04/07/1997
4. FEI Number 65-0755231
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 [X] Yes [] No
10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

A & P REGISTE 2450 SW 137 AVE SUITE 226 MIAMI FL 33175

A & P Registered Agent, Inc.

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 the filer (if filer is not the registered agent)

(NOTE: Registered Agent signature required with filing)

DATE

12. OFFICERS AND DIRECTORS

Table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a [] DELETE checkbox for each officer/director.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP and checkboxes for [] Change and [] Addition.

700002850107--3
-04/23/99--01103--021 Addition
****150.00 ****150.00

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

Handwritten signature of the registered agent.

A-16-99

305-221-1575

CR2E034 (11/98)