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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040605 (2)

WESTFIELD HOMES USA, INC.

FILED May 04 1998 8:00am Secretary of State



4/23/98 (813)874-9872

Principal Place of Business Mailing Address 107 DUNBAR AVE., STE. 1 107 DUNBAR AVE., STE. 1 OKDSMAR FL 34677 OKDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1997 26. Mailing Address Cypress 2. Principal Place of Business Applied For 4350 W. Cypress Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 640 6. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing ampa Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 3360 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHLOSSER, RICHARD A 101 E. KENNEDY BLVD., STE. 4100 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 City 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, typnd or prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME GATEWOOD, ROGER 1.2 NAME WCYPRESS ST Ste 640 STREET ADDRESS 107 DUNBAR AVE., STE. 1 1.3 STREET ADDRESS OKDSMAR FL 34677 CITY-ST-2IP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE Darlene Thibodean NAME 2.2 NAME 4350 W CYPRESS ST Stc 640 STREET ADDRESS 2.3 STREET AQDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE Mark Messerty NAME 3.2 NAME Stc 640 STREET ADDRESS 3.3 STREET ADORESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 3000025103**9** -05/05/98--01019-**-0**38**,** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CMY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or on an attachment with an address.

DARLENE

THIBONEAU