

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

DOCUMENT # **P97000040605** ✓

1. Corporation Name

WESTFIELD HOMES USA, INC.

Principal Place of Business

**4350 W CYPRESS ST
STE 640
TAMPA FL 33607**

Mailing Address

**4350 W CYPRESS ST
STE 640
TAMPA FL 33607**

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90012 015 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3460903

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 owes the current year Intangible
Personal Property Tax.



Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHLOSSER, RICHARD A
101 E. KENNEDY BLVD., STE. 4100
TAMPA FL 33602**

81 Name

Schlosser, Richard A.

82 Street Address (P.O. Box Number is Not Acceptable)

500 East Kennedy Blvd.

83

Suite 200

84

**City
Tampa**

FL

85 Zip Code

33602

10. Name and Address of New Registered Agent

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

RICHARD A. SCHLOSSER

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PC
GATEWOOD, ROGER**
STREET ADDRESS **4350 W CYPRESS ST, STE 640**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ DELETE

NAME **VS
THIBODEAN, DARLENE**
STREET ADDRESS **4350 W CYPRESS ST, STE 640**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE

NAME **V
MESSERLY, MARK**
STREET ADDRESS **4350 W CYPRESS ST, STE 640**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President/Treasurer ☐ Change ☒ Addition

1.2 NAME **Baker, Frank**
1.3 STREET ADDRESS **4350 W. Cypress Street**
1.4 CITY-ST-ZIP **Tampa, FL 33607**

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME **Berger, Andrew**
2.3 STREET ADDRESS **4350 W. Cypress Street**
2.4 CITY-ST-ZIP **Tampa, FL 33607**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK S. BAKER

Date

6/15/99

Daytime Phone #

(813) 874-9872

CR2E034 (11/98)

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