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

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Jul 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042457

1. Corporation Name

IDYLL HOMES, INC.

Principal Place of Business / Mailing Address

1016 Grand Isle Drive
Naples, FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 13, 1997

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1290 Rainbow Ct | 26 1290 Rainbow Ct |
| 22 Suite, Apt. #, etc. ~~Naples fl~~ | 27 Suite, Apt. #, etc. ~~Naples fl~~ |
| 23 City & State: Naples fl | 28 City & State: Naples fl |
| 24 Zip: 34110 25 Country | 29 Zip: 34110 30 Country |

4. FEI Number: 65-0758015 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Leo J. Salvatori<br>4501 Tamiami Trail North Suite 300<br>Naples FL 34103 | 81 Name: Naples-Laydock, Inc.<br>82 Street Address (P.O. Box Number is Not Acceptable): ~~4501 Tamiami Trail North Suite 300~~<br>83<br>84 City: Naples **FL** 85 Zip Code: 34103 |

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] MARK RAUDENBUSH Vice Pres. June 1998
Signature, Type or Print Name of Registered Agent and Date if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE<br>President<br>Heidi Rolfes<br>1016 Grand Isle Dr<br>Naples fl 34103 | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☒ Addition<br>Vice President<br>MARK RAUDENBUSH<br>1290 Rainbow Ct<br>Naples fl 34110 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE<br>Treasurer<br>RICHARD Rolfes<br>1016 Grand Isle Dr<br>Naples fl 34103 | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>25<br>7.10 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>100002585981<br>-07/13/98--01019--016<br>***558.75 |

CR2E034 (10/97)

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:** [signature] MARK RAUDENBUSH 6-25-98 941-514-7521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #