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**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90087 008 \*\*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

**DOCUMENT # P97000067668**

1. Corporation Name  
**RHN COMMUNITIES, INC.**

Principal Place of Business

4500 US HWY 92 E. STE 1030  
 LAKELAND FL 33801  
 US

Mailing Address

4500 US HWY 92. STE 1030  
 LAKELAND FL 33801  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

59-3460092

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fees 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.

Yes No

9. Name and Address of Current Registered Agent

MURPHY, RONALD T  
 5015 S FLORIDA AVE  
 SUITE 310  
 LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
 NAME KNAPP, RANDALL L  
 STREET ADDRESS 17 CASARENA CT NW  
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D  DELETE  
 NAME KNAPP, MARVIN J  
 STREET ADDRESS 2003 SHORELAND DR  
 CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D  DELETE  
 NAME WNEK, MICHAEL E  
 STREET ADDRESS 526 HILLSIDE DR  
 CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D  DELETE  
 NAME LEVY, BYERS P  
 STREET ADDRESS 4429 ARLINGTON PARK DR  
 CITY-ST-ZIP LAKELAND FL 33801

TITLE D  DELETE  
 NAME KNAPP, DONALD O  
 STREET ADDRESS 4500 HWY 92 E SUITE 1030 CLUB HOUSE  
 CITY-ST-ZIP LAKELAND FL 33801

TITLE D  DELETE  
 NAME JOHNSTON, MARVIN  
 STREET ADDRESS 4500 HWY 92 E SUITE 1030 CLUB HOUSE  
 CITY-ST-ZIP LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

1/21/99  
 Date

(941) 665-0185  
 Daytime Phone #

CR2E034 (11/98)