2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000098825

1. Entity Name

CREATIVE CHOICE HOMES XIV, INC.



Principal Place of Business

4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410 Mailing Address

4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410

FILED

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA



01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0795871

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be	
10.	OFFICERS AND DIREC	TORS			
TITLE	DPT				
NAME	BAROT, DILIP				
STREET ADDRESS	4243 NORTHLAKE BLVD., STE. D				
CITY-ST-ZiP	PALM BEACH GARDENS, FL 33410				
TITLE	T				00030383825 2/0401050023 **158.75
NAME	BAROT, DILIP			U3/1	2/0401050023 **158.75
STREET ADDRESS	4243-D NORTHLAKE BLVD				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				
TITLE	SVP	······································	1		
NAME	WEIR, JOHN F				
STREET ADDRESS	4243-D NORTHLAKE BLVD		İ	D0	NIOT MOST
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		1	טט	NOT WRITE
TITLE	S			INI "	THIS SPACE
NAME	KAKKAR, YASHPAL			11/6	I MIS SPACE
STREET ADDRESS	4243-D NORTHLAKE BLVD				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410				
TITLE					
NAME					
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CITY-ST-ZIP					
TITLE		<u> </u>			1

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Yash Pal Kakkar, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Mun 2004

(561) 627-7988

Daytime Phone #