

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 AM 10:43

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

DO NOT WRITE IN THIS SPACE

02212005 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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IN THIS SPACE**

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. I 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME BAROT, DILIP
STREET ADDRESS 4243 NORTHLAKE BLVD., STE. D
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE T
NAME BAROT, DILIP
STREET ADDRESS 4243-D NORTHLAKE BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE SVP
NAME WEIR, JOHN F
STREET ADDRESS 4243-D NORTHLAKE BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE S
NAME KAKKAR, YASHPAL
STREET ADDRESS 4243-D NORTHLAKE BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300049195413
03/25/05--01052--014 **693.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Yash Pal Kakkar, Secretary 2/20/05 (561) 627-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #