

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

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

06-18-1999 90012 014 ***558.75

DOCUMENT # P98000003659

1. Corporation Name

WESTFIELD HOMES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

107 DUNBAR AVENUE #1
OLDSMAR FL 34677

Mailing Address

107 DUNBAR AVENUE #1
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

2. Principal Place of Business

21 397 Interstate Blvd.

2a. Mailing Address

26 4350 W. Cypress Street

4. FEI Number

59-3488891

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite 640

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 City & State
Sarasota, FL

City & State

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip Country

34240

29 Zip Country

33607

30

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A
101 EAST KENNEDY BOULEVARD
SUITE 4100
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

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

RICHARD A. SCHLOSSER

6/15/99

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
NAME GATEWOOD, ROGER
STREET ADDRESS 107 DUNBAR AVENUE #1
CITY-ST-ZIP OLDSMAR FL 34677

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Gatewood, Roger
1.3 STREET ADDRESS 4350 W. Cypress Street
1.4 CITY-ST-ZIP Tampa, FL 33607

☒ Change ☐ Addition

2.1 TITLE ~~President~~
2.2 NAME ~~Traxinger, James~~
2.3 STREET ADDRESS ~~4350 W. Cypress Street~~
2.4 CITY-ST-ZIP ~~Tampa, FL 33607~~

☐ Change ☒ Addition

3.1 TITLE Vice President/Treasurer
3.2 NAME Baker, Frank
3.3 STREET ADDRESS 4350 W. Cypress Street
3.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

4.1 TITLE ~~Vice President/Secretary~~
4.2 NAME Messerly, Mark
4.3 STREET ADDRESS 4350 W. Cypress Street
4.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

FRANK S. BAKER 6/15/99 (813) 874-9972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)