

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  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90021 020 \*\*\*150.00

DOCUMENT # P98000023458

1. Corporation Name

SHOWCASE OF NEW HOMES, INC.

Principal Place of Business  
3255 TAMiami TRAIL NORTH  
NAPLES FL 34103

Mailing Address  
3255 TAMiami TRAIL NORTH  
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

59-3498863

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3761 Tamiami Trail N.

Suite, Apt. #, etc.

22

City & State  
23 Naples, FL

Zip 34103

Country U.S.A

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KIRKPATRICK, THAD  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH 4TH FLOOR  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

William L. Cohill

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

Showcase of New Homes

83

3761 Tamiami Trail North

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

(NOTE: Registered Agent signature required when reinstating)

April 1, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D COHILL, WILLIAM L  
STREET ADDRESS  
3255 TAMiami TRAIL NORTH  
CITY-ST-ZIP  
NAPLES FL 34103

TITLE ☐ DELETE

NAME  
D WOOD, PHILLIP R  
STREET ADDRESS  
3255 TAMiami TRAIL NORTH  
CITY-ST-ZIP  
NAPLES FL 34103

TITLE ☐ DELETE

NAME  
D BABCOCK, DOROTHY  
STREET ADDRESS  
3255 TAMiami TRAIL NORTH  
CITY-ST-ZIP  
NAPLES FL 34103

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
President/Director  
1.3 STREET ADDRESS  
3761 Tamiami Trail North  
1.4 CITY-ST-ZIP  
Naples, FL 34103

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
Vice President/Director

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
Secretary/Treasurer/Director

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 REQUIRED

3/29/99

Date

941-261-6622

Daytime Phone #

CR2E034 (11/98)

0456291