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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harria Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000026324

1. Corporation Name

SHELBY HOMES AT CORAL SPRINGS TWO, INC.
 Principal Place of Business
 9050 PINES BOULEVARD #250
 PEMBROKE PINES FL 33024

 Mailing Address
 9050 PINES BOULEVARD #250
 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

65-0821257

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 2825 University Drive

2a. Mailing Address

26 2825 University Drive

Suite, Apt. #, etc.

22 Suite 300

Suite, Apt. #, etc.

27 Suite 300

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

Zip

24 33065

Country

25 USA

Zip

29 33065

Country

30 USA

9. Name and Address of Current Registered Agent

 SIMON, ERIC A
 9050 PINES BOULEVARD #250
 PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

2825 University Drive

83 Suite 300

84 City Coral Springs

FL

85 Zip Code

33065

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

2/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 D
 NAME SHELLEY, ROBERT
 STREET ADDRESS 9050 PINES BOULEVARD #250
 CITY-ST-ZIP PEMBROKE PINES FL 33024
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ 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)(l), 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:

 Eric A. Simon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

954-757-9300

Daytime Phone #

CR2E034 (11/98)