


**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90213 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000027111</b> 1. Corporation Name <b>WORTHINGTON COMMUNITIES OF ARLINGTON, INC.</b>					
Principal Place of Business <b>17380 WINKLER ROAD          FORT MYERS FL 33908</b>			Mailing Address <b>17380 WINKLER ROAD          FORT MYERS FL 33908</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified <b>03/23/1998</b>			4. FEI Number <b>05-0821508</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8.		
9. Name and Address of Current Registered Agent <b>GARGANO, ANTHONY J          2075 WEST FIRST STREET          SUITE 203          FORT MYERS FL 33901</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <b>D</b> 1.2 NAME <b>DARRAGH, JEFF</b> 1.3 STREET ADDRESS <b>17380 WINKLER ROAD</b> 1.4 CITY-ST-ZIP <b>FORT MYERS FL 33908</b>			1.1 TITLE <b>D/P/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE <b>D</b> 2.2 NAME <b>GNAGEY, JOHN</b> 2.3 STREET ADDRESS <b>17380 WINKLER ROAD</b> 2.4 CITY-ST-ZIP <b>FORT MYERS FL 33908</b>			2.1 TITLE <b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE <b>D</b> 3.2 NAME <b>LIEBERT, GLENN W</b> 3.3 STREET ADDRESS <b>17380 WINKLER ROAD</b> 3.4 CITY-ST-ZIP <b>FORT MYERS FL 33908</b>			3.1 TITLE <b>D/V/L</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>LIEBERT, Glenn W.</b> 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE <b>D</b> 4.2 NAME <b>WILSON, LARRY E</b> 4.3 STREET ADDRESS <b>17380 WINKLER ROAD</b> 4.4 CITY-ST-ZIP <b>FORT MYERS FL 33908</b>			4.1 TITLE <b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE <b>D</b> 5.2 NAME <b>LIEBERT KARL, DEBORAH</b> 5.3 STREET ADDRESS <b>17380 WINKLER ROAD</b> 5.4 CITY-ST-ZIP <b>FORT MYERS FL 33908</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE  6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99

941-482-8828

CR2E034 (11/98)