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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90002 013 ***450.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000031757

1. Corporation Name

HOMES 2001 REALTY COMPANY

Principal Place of Business

6140 TIDEWATER ISLAND CIRCLE
FORT MYERS FL 33908

Mailing Address

6140 TIDEWATER ISL. CIR
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0825014

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ROBISON, LINDA R

3040 W GULF DRIVE #103

SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name Robison, Linda R.

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

6450 Pine Ave

83

84 City Sanibel

FL

85 Zip Code

33957

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

12. OFFICERS AND DIRECTORS

TITLE ~~President~~ ☐ 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

1.1 TITLE President - ☒ Change ☒ Addition
1.2 NAME Jones, Jay E.
1.3 STREET ADDRESS 6140 Tidewater Island Circle
1.4 CITY-ST-ZIP Fort Myers, FL 33908

2.1 TITLE Vice President - ☐ Change ☒ Addition
2.2 NAME Jones, Sheryl Wright
2.3 STREET ADDRESS 6140 Tidewater Island Circle
2.4 CITY-ST-ZIP Fort Myers, FL

3.1 TITLE Vice President - ☐ Change ☒ Addition
3.2 NAME Robison, Robert H.
3.3 STREET ADDRESS 6450 Pine Ave
3.4 CITY-ST-ZIP Sanibel, FL 33957

4.1 TITLE Director
4.2 NAME Crumrine, Janet
4.3 STREET ADDRESS 19850 Breckenridge Dr.
4.4 CITY-ST-ZIP Estero, FL 33928

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)