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

DOCUMENT # **P98000033586**1. Corporation Name

CENTERLINE HOMES AT DELRAY, INC.

Principal Place	e of Business	Mailing Address									
12534 WILES RI	D	12534 WILES RD									
CORAL SPRING		CORAL SPRINGS FL 33076								_	
					_		DO NOT WRITE	IN THIS	SPACI		
							Date Incorporated or Qualifed				1
							04/13/1998				
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number				lied For
21		26			•		65-0841334				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 (Certifcate of Status Desired	x			dditional
22		27								ee Req	uirea
City & State	e	City & State			ļ	6. Election Campaign Financing \$5.00 May Be					
23	28					Trust Fund Contribution			dded to	Fees	
Zip							This corporation owes the current	t year Inta			l
24	25	29 30	L			_	Personal Property Tax.		☐ Ye	s L	□No
	9. Name and Address of Curren	t Registered Agent		т —		10.	Name and Address of New Reg	istered /	gent		
	W . DOTHENDEDO O .		81	Na	ame						
LARRY A. ROTHENBERG, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)							
900 N FEDERAL HWY, SUITE 460				02 04 04 102				<u>.</u>			
BOC	A RATON FL 33432		83	3							1
			-	1 -					85	Zip Ci	
			84	Ci	ty			FL	00	·Zip G	70¢
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State	of Florida. Such change was autho	onzed by	/ the /	med corpora corporation's	ation s boa	submits this statement for the pu ard of directors. I hereby accept the	rpose of a he appoir	changi Itment	ng its r as reg	egistered istered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	S.			•		ç.		
SIGNATURE		MOTE Par			ature required wh		instating	DATE			
	Signature, typed or printed name of registered agen	D DIRECTORS	13.	int sign	Sitha tedoried wi		DDITIONS/CHANGES TO OFFIC		D DIB	ECTO	S IN 12
TITLE	D OFFICERS AIV	DELETE	1.1 TITLE				BUTTONS/CHANGES TO GITTE	<u>ZZZZZZZZ</u>	☐ Ch		Addition
	_		1.2 NAME				, `		<u> </u>	•	_
NAME	PERRY, CRAIG										
STREET ADDRESS	12534 WILES RD		1.3 STREE		j						
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-S	ST-ZIP	-		 		□ Ch	2000	☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE						ΗО	ange	☐ Addison
NAMÉ)	MOSCOVITCH, LEWIS		2.2 NAME								
STREET ADDRESS	12534 WILES RD	LES RD 2.3 ST			RESS						
CITY-ST-ZIP			2, 4 CITY-ST-ZIP		,		<u> </u>				
TITLE	D	☐ DELETE	3.1 TITLE						☐ Ch	ange	☐ Addition
NAME	MARGOLIS, STEPHEN		3.2 NAME								
STREET ADDRESS	12534 WILES RD		3.3 STREE		RESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33076	,	3 4. CITY-		,						
TITLE		☐ DELETE	4.1 TITLE						Ch	nange	☐ Addition
NAME			4, 2 NAME		ĺ						j
STREET ADDRESS			4.3 STREE	T ADD	RESS						
			4.4 CITY-S								l
CITY-ST-ZIP		☐ DELETE	4.4 CITY-3 5.1 TITLE		-+-				Cr	nange	Addition
TITLE			5.2 NAME						_	•	
NAME			5.3 STREE		SPESS						
STREET ADDRESS	!	ı	5.4 CITY-5		1						ĺ
CITY-ST-ZIP		Files ste	6.1 TITLE	51-ZIP			<u> </u>		□ Ch	nange	Addition
TITLE		☐ DELETE								ici iyo	L. AUGIOUII
			6.2 NAME		Ŧ						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90069 017 ***158.75