PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF TATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # . **P98000034083** 1

CAVCO CAPITAL RESOURCES, INC.

Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90016 010 ***550.00

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Principal Place of Business Mailing Address							1 IBBrigge etc				
1605 MAIN STREET, STE. 1100 1605 MAIN STREET, STE. 110 SARASOTA FL 34236 SARASOTA FL 34236			00				DO NOT WRIT	E IN THIS	SPACE		
l						-	Date Incorpora				
							04/13/1998				1
2. Principal Place of Business 2a. Mailing Address							FEI Number			Ap	plied For
	MAIN STREET	26	-	ME		- 1 -	65-08	14760		No	t Applicable
Suite, Apt_#, etc			_ Suite, Apt. #, etc.				5. Certificate of Status Desired			_\$8.75	
22 SUITE 1100			·			5.	Certificate of St	alus Desireu		Fee Re	rquired
City & State			City & State			6.	Election Camp	aign Financing		\$5.00	
23 SAGRASOTA FL 28							Trust Fund Cor	tribution		Added 1	o Fees
Zip Country Zip				Country				n.owes.the.curre	nt.year_int		₩No
24 3423C 25 USA 28 30							Personal Prope			Yas	100 AO
	9. Name and Address of Current	Register	ed Agent	81	Name			dress of New Ro		Agent	
CDA	NGLER. STEPHEN D			*';	9	ERAL	is if a	+VANAU	<u>6</u> #		
1605 MAIN STREET, STE. 1100				82	Street Ad	ddress (P.	O. Box Numbe	is Not Acceptat	ole)		
SARASOTA FL 34236				83					<u> </u>		
0.0.	7.00 // 12 0 1200			"	. ≥	藝	SUITE	1100			
				84	City C	DAI A	-S077		FL	85 Zip 9	7234
44 Dunaumat	to the provisions of Sections 807 0502	2 and 607	1508 Florida Statutes	the above	e-named co	omoration	submits this st	atement for the p		changing its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obligations.	f Florida.	Such change was auti	orized by	the corpora	ation's bo	ard of directors	I hereby accept	the appoi	ntment as re	gislered
agent. I a	im familiar with, and accept the obligati	ions of, So	ection 607.0585. Florid	a Statutes		- T	GVAN	auch	6	130/	56
SIGNATURE	Signature, typed or printed refine of registered agent	Maria de		r CDC	a signature requ	en nedw benug	AVH/U	HON	DATE		
12.	V OFFICERS AND		/	13.				ANGES TO OFF	ICERS AN		
TITLE	DP		☐ DELETE	1,1 TITLE						Change	☐ Addition
NAME	CAVANAUGH, GERALD J			12 NAME	Ì						
STREET ADDRESS	1605 MAIN STREET, STE. 1100		:	1.3 STREET	TADORESS						Ì
CITY-ST-ZIP	SARASOTA FL 34236			14 CITY-S	T-ZIP						
TITLE	D		DELETE	21 TML€	1					Change	☐ Addition
NAME	PENDER, MICHAEL R JR			22 NAME	Ţ						<u> </u>
STREET ADDRESS	1605 MAIN STREET, STE. 1100)		2.3 STREET	ADDRESS						1
CITY-ST-ZIP	SARASOTA FL 34236			2.4 CITY-S	T-ZIP						[] 4 dili 44
TITLE	D		☐ OELETE	3.1 TITLE	1					Change	☐ Addinon
NAME	SPANGLER, STEPHEN D			32 HAME	\						1
STREET ADDRESS	1605 MAIN STREET, STE. 1100)		3.3 STREET	ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34236			3.4 CITY-S	T-ZUP						☐ Addition
TITLE			DELETE	4.1 TITLE	į					Change	L: Addition
NAME				4.2 NAME	Ī						
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>			4.4 CITY-5	Т-ZIP					Chassa	Addition
IIITE	}		OELETE	5.1 TITLE	1					Change	III Maaliaan [
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	· 1						}
CITY-ST-ZIP				5.4 CITY-S	T-21P					Change	Addition
TITLE			DOELETE		1					C cuanda	C -contrart
NAME				6.2 NAME							}
STREET ADDRESS				6.3 STREET	ADDRESS						1

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.

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