Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90075 047 ***158.75

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 # P98000048593

1. Corporation Name

ECCLESTONE ESTATE HOMES COMPANY

	· · · · · · · · · · · · · · · · · · ·							
Principal Place of Business Mailing Address						1 10011391 110 10111 10111 10111 10111 10111	1 81881 18161 81118	19198 (111 1921
1555 PALM BEACH LAKES BLVD. #1100 1555 PALM BEACH LAKES B						İ		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334			ı			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						06/01/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0845115	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75	
22		27				3. 00.45040 0, 04400 00570	Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	io Fees
Zip	Country		untry	,		8. This corporation owes the current year	ntangible □ Yes	1 No
24	25	29 30 30	_			Personal Property Tax. 10. Name and Address of New Registere		75
	9. Name and Address of Current	Kedisteled Wallit	81	Name		TO. ITAMO UNA / TAMO UNA / TAMO		
GAM	IMON, NANNETTE ESQ		_			0.00.00.00.00.00.00.00.00.00.00.00.00.0		
1555 PALM BEACH LAKES BLVD.			82 Street Addr			ess (P.O. Box Number is Not Acceptable)		
SUITE 1100			83					
WES	T PALM BEACH FL 33401		L.	ļ			les Zin	Codo
			84	City		. F	L 85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida St	atutes	i.		n's board of directors. I hereby accept the app when reinstating) DATE		
12.	OFFICERS AND		S			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D .	☐ DELETE 1.1	TITLE		DP		Change	☐ Addition
NAME	ECCLESTONE, E L III	1.2	NAME					
STREET ADDRESS	l **			TADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-S	T-ZIP	-DC		Change	Addition
TITLE			2.11111.2		}	L Ecclestone Jr	□ Oligingo	ا ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
NAME			NAME		_	555 Palm Beach Lakes #110	00	}
STREET ADDRESS	1 ·		Z.S OT MEET / CD MESO			est Palm Beach FL 33401		
CITY-ST-ZIP					יע		Change	Addition
TITLE		_				on Cooper		
NAME						555 Palm Beach Lakes #110	00	}
STREET ADDRESS	•				i	est Palm Beach FL 33401		1
TITLE			TITLE		S		☐ Change	Addition
NAME			NAME		Νε	annette Gammon		′
STREET ADDRESS	RESS 4.3		4.3 STREET ADDRESS		15	555 Palm Beach Lakes #110	00	ļ
CITY-ST-ZIP	~		4 CITY+ST+ZIP		₩e	est Palm Beach FL 33401		
TITLE		DELETE 5.1	TITLE		AS		☐ Change	Addition
NAME		5.2	NAME			osanne Piretti		′
STREET ADDRESS	{	5.3	STREE	TADDRESS	1	555 Palm Beach Lakes #11	30	
CITY-ST-ZIP			CITY-S	ST-ZIP	We	est Palm Beach FL 33401	<u></u>	
TITLE		☐ DELETE ■ 6.1	TITLE		1		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)(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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RON COOPER COURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

561/686-2000

Daytime Phone #