

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

FILED  
Jun 18, 1999 8:00 am  
Secretary of State

06-18-1999 90012 013 \*\*\*558.75

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1. Corporation Name

WESTFIELD HOMES SW FLORIDA VENTURE NO. 1, INC.

Principal Place of Business

397 INTERSTATE BOULEVARD  
SARASOTA FL 34240

Mailing Address

397 INTERSTATE BOULEVARD  
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

59-3520539

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 4350 W. Cypress St.

27 Suite, Apt. #, etc.  
Suite 640

28 City & State

Tampa, FL

29 Zip

33607

Country

30

9. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A  
500 EAST KENNEDY BOULEVARD  
SUITE 200  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 607.0603, Florida Statutes.

SIGNATURE

RICHARD A. SCHLOSSER

6-15-99

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 ☐ DELETE  
NAME D  
GATEWOOD, ROGER  
STREET ADDRESS 4350 WEST CYPRESS STREET #640  
CITY-ST-ZIP TAMPA FL 33607

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 ☐ Change ☒ Addition  
1.2 NAME ~~President~~  
Traxinger, James  
1.3 STREET ADDRESS 4350 W. Cypress Street  
1.4 CITY-ST-ZIP ~~Tampa, FL 33607~~

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Vice President/Treasurer  
Baker, Frank  
2.3 STREET ADDRESS 4350 W. Cypress Street  
2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME ~~Vice President~~  
Messerly, Mark  
3.3 STREET ADDRESS 4350 W. Cypress Street  
3.4 CITY-ST-ZIP Tampa, FL 33607

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. BAKER

6/15/99

(813)874-9872

CR2E034 (11/98)

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