Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90040 043 ***150.00

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 # P98000063677

1. Corporation Name

CASTLEROCK HOME FUNDING CORPORTION

CASTLLI	TOOK HOME FORDING OOF	CHION							
Principal Place of Business Mailing Address)III 00 III 08 II0		, , ,,
		2277 LEE ROAD SUITE 200							
WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE IN THIS SPACE			
		•				Date Incorporated or Qualifect 07/16/1998	1		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For
21						59-3531351			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 A Fee Red	
22 27 City & State City & State			:			6, Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the cut	тепt year In	tangible	
24	25	29 30				Personal Property Tax.	•		□No
	9. Name and Address of Current		· -			10. Name and Address of New	Registered	Agent	
			81	Nan	ne				
DYE, RICHARD A				04	-	(D.O. Day Number is Not Asses	table)		
2277 LEE ROAD			82	Stre	et Addre	ss (P.O. Box Number is Not Accep	.aule)		-
SUITE 200			83						
WINTER PARK FL 32789				<u> </u>				1 1	
				84 City FL 85 Zip Coo					
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorized by	tne co	ed corpo rporation	ration submits this statement for the n's board of directors. I hereby acce	a purpose o pt the appo	or changing its i	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	nt signati	re required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	DPS	☐ DELETE	1.1 TITLE					🔀 Change	Addition
NAME	DYE, RICHARD A	İ	1.2 NAME						
STREET ADDRESS	2027 LEC DOAD CHITE 202			1.3 STREET ADDRESS					ļ
CITY-ST-ZIP WINTER PARK FL 32789			1.4 CITY-\$T-ZIP						
TITLE			2.1 TITLE			-		Change	Addition
NAME			2.2 NAME						
STREET ADDRESS				T ADDRE	ss				ľ
CITY-ST-ZIP	1			ST-ZIP	1				
TITLE	DELETE 3.11		3.1 TITLE			7 7		Change	☐ Addition
NAME	3.2		3.2 NAME						
STREET ADDRESS	15		3.3 STREET	T ADDRE	ss				ļ
City-St-Zip			3.4. CITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAME		ļ				Ì
STREET ADDRESS			4.3 STREET	T ADORE	ss				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	T ADDRE	SS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
) NAME			6.2 NAME		1				ļ
l			63 STREET	TANNRE	:88				Į

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.

6.4 C/TY-ST-ZiP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

407-644-0200