

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000093639

1. Entity Name
CREATIVE CHOICE HOMES XVI, INC.



Principal Place of Business
C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

Mailing Address
C/O CREATIVE CHOICE HOMES
4243-D NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

FILED
04 MAR -2 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



01222004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0873892	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAROT, DILIP
4243 NORTHLAKE BLVD
SUITE D
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fee
000030670300
03/17/04--01052--029 **158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BAROT, DILIP 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIR, JOHN F 4243-D NORTHLAKE BLVD STE D PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKKAR, YASHPAL 4243-D NORTHLAKE BLVD STE D PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yash Pal Kakkar, Secretary *[Signature]* 03/22/04 (561) 627-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #