

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69758 (8)
1. Corporation Name
SUNCOAST HOMES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1910 FAIRFAX CIRCLE
NAPLES FL 33942
US

Mailing Address

1910 FAIRFAX CIRCLE
NAPLES FL 34109-7223
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0282686

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JOHNSON AND POLLACK
6736 LONE OAK BLVD.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

George Wilson

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

821 5th Ave. S.

83

84 City

Naples

FL

85 Zip Code

34102

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 607.0505, Florida Statutes

SIGNATURE

[Signature]
Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

DPS
PEARSON, ROBERT T.
4627 ARNOLD AVE.
NAPLES FL

TITLE NAME ☒ DELETE

DVPT
HAZEN, WINSTON
4627 ARNOLD AVE.
NAPLES FL

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1910 Fairfax Circle
Naples, FL 34109

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DVPT
Agnes Hazen
1910 Fairfax Circle
Naples, FL 34109

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

[Signature]

CR2E034 (9/96)