


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90123 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V21330			
1. Corporation Name ECCLESTONE SIGNATURE HOMES COMPANY			
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/13/1992		4. FEI Number 65-0319800	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD JR. 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401		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 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	ECCLESTONE, E. LLWYD JR.		
STREET ADDRESS	1555 PALM BEACH LAKES BL		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	ECCLESTONE, E. LLWYD III		
STREET ADDRESS	1555 PALM BEACH LAKES BL		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	EVT	<input type="checkbox"/> DELETE	
NAME	COOPER, RON		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		
CITY-ST-ZIP	W. PALM BEACH FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	THOMAS, GARY		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		
CITY-ST-ZIP	W. PALM BEACH FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	EVANS, ARLENE		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		
CITY-ST-ZIP	W. PALM BEACH FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	PIRETTI, ROSANNE		
STREET ADDRESS	1555 PALM BCH LAKES BLVD #1100		
CITY-ST-ZIP	WEST PALM BCH FL 33401		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	Nannette Gammon		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

Ron Cooper

3/18/99

561/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)