

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V51230 (3)**

1. Corporation Name

DREAM BUILDERS OF COLLIER COUNTY, INC.



Principal Place of Business

Mailing Address

400 VINEYARDS BOULEVARD
NAPLES FL 33999
US

6017 PINE RIDGE ROAD
SUITE 255
NAPLES FL 33999
US

3. Date Incorporated or Qualified 07/16/1992	3a. Date of Last Report 03/27/1995
4. FET Number 65-0344933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip

26 Suite, Apt. #, etc.
27 **# 255**
28 City & State
29 Zip

24 Country 25 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORE, DONNA M
98 VINEYARD BOULEVARD
NAPLES FL 33999**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 type or printed name of registered agent (if a different type, see instructions)

(If the Registered Agent signature required when filing this report)

(LTS)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: TOUSSEL, JOHN H. STREET ADDRESS: 1728 39TH ST. SW CITY, ST, ZIP: NAPLES FL <input type="checkbox"/> DELETE	1.1 TITLE: DPT 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY, ST, ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVST NAME: PROCACCI, MARIA STREET ADDRESS: 1728 39TH ST. SW. CITY, ST, ZIP: NAPLES FL <input type="checkbox"/> DELETE	2.1 TITLE: DVS 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY, ST, ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John H. Toussel* President 2/20/96 941-353-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (12/95)