

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V51230** (3)

1. Corporation Name

**DREAM BUILDERS OF COLLIER COUNTY, INC.**

Principal Place of Business

**400 VINEYARDS BOULEVARD  
NAPLES FL 33909  
US**

Mailing Address

**6017 PINE RIDGE ROAD  
#255  
NAPLES FL 33960-  
US**



3. Date Incorporated or Qualified  
**07/16/1992**

3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

**34119**

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

**34119**

30

Country

4. FEI Number

**65-0344933**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**MORE, DONNA M  
98 VINEYARD BOULEVARD  
NAPLES FL 33909- 34119**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DPT  
TOUSSEL, JOHN H.  
1728 39TH ST. SW  
NAPLES FL**

☐ DELETE

TITLE

**DVS  
PROCACCI, MARIA  
1728 39TH ST. SW.  
NAPLES FL**

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**263 Monterey Drive  
Naples, FL 34119**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**263 Monterey Drive  
Naples, FL 34119**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

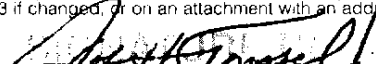
64 CITY - ST - ZIP

☐ Change

☐ Addition

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:



**John H. Toussel Jr.** 2-11-97

941-353-0100

CR2E034 (9/96)