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**APPROVED  
AND  
FILED**

95 MAY -1 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **416810** (0)

1. Corporation Name

**ITT COMMUNITY REALTY, INC.**

Principal Place of Business

Mailing Address

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

300001473033  
-05/03/95--01061--002  
DO \*\*\*4050.00 \*\*\*200.00

3. Date Incorporated or Qualified

3a. Date of Last Report

01/15/1973

05/01/1994

4. FEI Number

Applied For

13-2809543

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

7. This corporation has liability for intangible tax under S. 199.002,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 City & State

28 City & State

24 City

29 City

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of agent/agent)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BUTLER, SAMUEL JR.  
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE  
CITY, ST, ZIP PALM COAST FL

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE S  
NAME CUFF JR., ROBERT  
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE  
CITY, ST, ZIP PALM COAST FL

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE AS  
NAME BRAUNSTEIN, RICHARD  
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE  
CITY, ST, ZIP PALM COAST FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE TD  
NAME ARMOUR, WILLIAM  
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE  
CITY, ST, ZIP PALM COAST FL

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE VD  
NAME GARDNER, JAMES E.  
STREET ADDRESS EXECUTIVE OFFICE, 1 CORPORATE DRIVE  
CITY, ST, ZIP PALM COAST FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE AS  
NAME POWERS, RICHARD  
STREET ADDRESS 1330 AVE. OF THE AMERICA  
CITY, ST, ZIP NEW YORK NY

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

DP 5/1

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 110.07(3)(k), Florida Statutes. Further, I certify that the information included 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. 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, as appropriate, or on an attached and validly added.

SIGNATURE:

*Robert G. Cuff, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. CUFF, JR.

4/21/95

901 4415 3677