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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:44

DOCUMENT # 709473 (3)

1. Corporation Name

SOUTH PATRICK RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
337 S POINT COURT PO BOX 2357 SATELLITE BCH FL 32937	337 S POINT COURT PO BOX 2357 SATELLITE BCH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1965
3a. Date of Last Report: 03/07/1994
4. FEI Number: 23-7181551 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONNOR, JAMES E.
337 S POINT COURT
SATELLITE BCH FL 32937

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, JAMES E.	1.2 NAME	
STREET ADDRESS	337 S POINT COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	EARHART, HUGH	2.2 NAME	WUEST, WILLIAM
STREET ADDRESS	413 CARDINAL DRIVE	2.3 STREET ADDRESS	420 ST. GEORGES COURT
CITY-ST-ZIP	SATELLITE BCH, FL 00000	2.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	BUXTON, JEAN	3.2 NAME	THERESA C. O'HARA
STREET ADDRESS	720 PELICAN DRIVE	3.3 STREET ADDRESS	196 S.E. 2ND STREET
CITY-ST-ZIP	STAELLITE BEACH FL	3.4 CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, TRAVIS	4.2 NAME	
STREET ADDRESS	173 SE 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, INGE	5.2 NAME	
STREET ADDRESS	449 SKYLARK BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SKINNER, A.W.	6.2 NAME	
STREET ADDRESS	525 4TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Wuest WILLIAM WUEST 4-11-95 (407) 777-9346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #