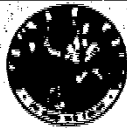


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

CONNOR, JAMES E.

STREET ADDRESS

337 S POINT COURT

CITY - ST - ZIP

SATELLITE BCH, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

T

NAME

EARHART, HUGH

STREET ADDRESS

413 CARDINAL DRIVE

CITY - ST - ZIP

SATELLITE BCH, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

WUEST, WILLIAM

420 ST. GEORGES COURT

SATELLITE BEACH FL 32937

TITLE

S

NAME

BUXTON, JEAN

STREET ADDRESS

720 PELICAN DRIVE

CITY - ST - ZIP

SATELLITE BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

THERESA C. O'HARA

196 S.E. 2ND STREET

SATELLITE BEACH FL 32937

TITLE

D

NAME

BUCHANAN, TRAVIS

STREET ADDRESS

173 SE 2ND ST

CITY - ST - ZIP

SATELLITE BCH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HUNTER, INGE

STREET ADDRESS

440 SKYLARK BLVD.

CITY - ST - ZIP

SATELLITE BCH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

SKINNER, A.W.

STREET ADDRESS

525 4TH AVENUE

CITY - ST - ZIP

SATELLITE BEACH FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ 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 110.07(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 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 (HOT) 777-9346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #