## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 722442

(1)

| REACON | WOODS | CIVIC | ASSOCIATION. | INC. |
|--------|-------|-------|--------------|------|

| BEACUI  | A MOORS CIVIC YSSOCIA   | CHON, INO   |   |                                  |   |   |  |  |
|---|---|---|---|----------------------------------|---|---|--|--|
| Principal Place                                 | of Business   | Mailing Address   |   |                                  | I IMMIII IMMIN DIRIN DIRIN DIRIN  | lifti fiftii fiffit Ellin bidit dian gient inne |  |  |
| 12440 CLOCKTOWER PARKWAY<br>BAYONET PT FL 34667 |   | 12440 CLOCKTOWER P/<br>BAYONET PT FL 34687                                | 12440 CLOCKTOWER PARKWAY<br>BAYONET PT FL 34687 |                                  |   |   |  |  |
|   |   |   |   |                                  | 3. Date Incorporated or Qualified 01/13/1972  | 3a. Date of Last Report 03/24/1995              |  |  |
| 2. Principal Pla                                | ace of Business   | 2a. Mailing Address   |   |                                  | 4. FEI Number<br>59-1789643   | Applied For                                     |  |  |
| 1   |   | 26  |   |                                  | 59-1769045  | Not Applicable  \$8.75 Additional               |  |  |
| Suite, Apt. #, etc.                             |   | Suite, Apt. #, etc.   |   |                                  | 5. Certificate of Status Desired  | Fee Required                                    |  |  |
| City & State                                    | )   | City & State  |   |                                  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be Added to Fees                     |  |  |
| Zφ  | Country   | Zip   | Cou   | ntry                             | 8. This corporation has liability for   |   |  |  |
| :4  | 25  | 29  | 30  |                                  | Florida Statutes  10. Name and Address of New F   | Yes No<br>Registered Agent                      |  |  |
|   | 9. Name and Address of Curre  | nt Registered Agent   |   | 81 Name                          |   |   |  |  |
| 1400107   | TIN CHARLES E   |   |   | J                                | OHN B. MARGERUM   | 202   |  |  |
|   | THY, CHARLES E  |   |   | ļ <u>ļ</u>                       | address (P.O. Box Number is Not Acceptable)   |   |  |  |
|   | astleberry CT<br>Locktower Parkway  |   |   | 83                               | 2700 CHARTER OAK WAY  |   |  |  |
|   | T POINT FL 34667  |   |   | 84 City 1                        | 2440 CLOCKTOWER PARKWA  | AY 85 Zip Code                                  |  |  |
|   |   |   |   | 84  City _                       |   | FL 34667  |  |  |
| 11. Pursuant                                    | to the provisions of Sections 617.050   | 02 and 617.1508, Florida Statut   | tes, the abo                                    |                                  |   | rpose of changing its registered office         |  |  |
|   | red agent, or both, in the State of Flo<br>ith, and accept the objigations of Se    |   |   | corporation s                    | board of directors. I hereby accept the app   | Somethoric de registeres agent.                 |  |  |
|   | 11 1 Ad IVIa  |   |   |                                  |   | 3-19-96   |  |  |
| SIGNATURE                                       | gradire, typed or printed name or registered age                                    |   |   | i Agent signature re             | equired when reinstating)   | FIGERS AND DIRECTORS IN 12                      |  |  |
| 12.   |   | ND DIRECTORS  | 13.<br>11T                                      | TI E                             | ADDITIONS CHANGES TO G  | Change XK Addition                              |  |  |
| TILE V  | MANAGE ASSAMANA   | <b>∠</b> DELETE   | 1.2 N   |                                  | D/T   | <b>1</b> • <b>1</b>                             |  |  |
| NAME  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |   |   | TREET ADORESS                    | JOHN B. MARGERUM  |   |  |  |
| STREET ADDRESS                                  | MAYONEK ROINX FK  |   |   | ITY - ST - ZIP                   | 12700 CHARTER OAK WA  |   |  |  |
| CITY-ST-ZIP<br>TITLE                            | XXXX  | XOELETE   | 21 T  |                                  | BAYONET POINT, FL. 34   | Change XX Addition                              |  |  |
| NAME  | BOHNERXAUSERTALX  | ***   | 221   | IAME                             | D/• P   |   |  |  |
| STREET ADDRESS                                  | 12310XDARKINGNOODXDANE  | XX ·  | 238   | TREET ADDRESS                    | THOMAS P. KNOWLES   |   |  |  |
| CITY-ST-ZIP                                     | XXBAYONETKROWEXEL   |   | 2 4   | CITY-ST-ZIP                      | 8700 LINCOLNSHIRE DR  |   |  |  |
| TITLE   | D/VP  | DELETE  | 311   | ITLE                             | BAYONET POINT, FL 34  | 667 Change XX Addition                          |  |  |
| NAME  | WALSH, CECELIA  |   | . 321   | IAME                             | D MARKET  |   |  |  |
| STREET ADDRESS                                  |   |   | 335   | STREET ADDRESS                   | JEAN DI MATTEI  |   |  |  |
| CITY-ST-ZIP                                     | BAYONET POINT FL  | Districts   |   | CITY - ST- ZIP                   | 13139 FROND WAY BAYONET POINT, FL 34  | 667 Change XX Addition                          |  |  |
| TITLE   | WOODTHY CHARLES E   | DELETE  |   | MILE                             | D BAYONEL POINT, FL 34  | .007 El + :i8* 1111 ::                          |  |  |
| NAME  | MCCARTHY, CHARLES E   |   |   | NAME<br>STREET ADDRESS           | EDMUND R. HOPPER  |   |  |  |
| STREET ADDRESS                                  |   |   |   |                                  | 7507 CLANTON TRAIL,   | BAYONET PT., FL34667                            |  |  |
| CITY-ST-ZIP                                     | BAYONET POINT FL  | DELETE  |   | CITY - ST - ZIP<br>TITLE         | D D   | Change X Addition                               |  |  |
| TITLE<br>NAME                                   | MOJEWEN, ARTHURW  | - <b>A</b>  |   | NAME                             | JAMES J. FARRELL  | •••   |  |  |
| NAME<br>STREET ADDRESS                          | ARABA ATAMERANAN IANI   | ХХХ   |   | STREE! ADDRESS                   | 8026 WILDFLOWER LA.,  | BAYONET PT., FL34667                            |  |  |
| CITY-ST-ZIP                                     | XBAYONET POINT EX   |   | 5.4   | CITY - ST - ZIP                  |   | . <u> </u>                                      |  |  |
| TITLE   | D   | DELETE  | 61  | TITLE                            | p/s   | Change XX Addition                              |  |  |
| NAME  | XX <del>DEMARSO, PENNY</del> X  |   | 6.2   | NAME                             | DAVID L. LARSON   |   |  |  |
| STREET ADORESS                                  | XXIDEGE MACINOLIA GROVE   |   | 63  | STREET ADDRESS                   |   | BAYONET PT.FL34667                              |  |  |
| CITY-ST-ZIP                                     | XX <b>BXXXOXIEX IS WHYX</b> XXXX  |   |   | CITY-ST-ZIP                      | wife for the exemption stated in Section 11   | 19.07/3Vk). Florida Statutes, I further         |  |  |
| 14. I do here                                   | eby certify that the information suppli-<br>nat the information indicated on this a | ed with this filing is voluntarily fu<br>innual report or supplemental ar | irnished and<br>nnual repor                     | a does not qu<br>t is true and a | alify for the exemption stated in Section 1 accurate and that my signature shall have the this report as required by Chapter 617. | ne same legal effect as if made under           |  |  |
|   | at I am an officer or director of the co<br>in Block 12 or Block 13 if changed,     |   |   | ered to execu                    | ute this report as required by Chapter 617,   | FIORGA Statutes, and that my name               |  |  |
| appears   | III DIOCK 12 OF DIOCK TO IT ORIGINGEO,  | 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2                                  |   |                                  |   |   |  |  |

SIGNATURE:

STANDEN ON DEO OF PRINTE LINE OF PURENO OFFICER OF DIRECTOR

319-96 813-863-1267

CR2E037 (12/95)