SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 JUL 25 AM 9:24

DOCUMENT # **722816** **(6)**

BIG TREE SHORES OWNERS' ASSOCIATION, INC.

000001547680
-07/27/95--01059--004
DO NOT WRITE IN THIS SPACE ****163.75 ****163.75

Principal Place of Business	Mailing Address
2025 HICKORYWOOD DRIVE DAYTONA BEACH FL 32119-8802	2025 HICKORYWOOD DRIVE DAYTONA BEACH FL 32119-8802

3. Date Incorporated or Qualified: 03/02/1972
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2350226 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — **FILING FEE IS $61.25**
8. This corporation has [illegible] for charitable tax under § 199.032, Florida Statutes ☐ Yes ☒ No

21	22	23	24	25	26	27	28	29	30
	Suite, Apt. #, etc	City & State	Zip	County		Suite, Apt. #, etc	City & State	Zip	County

9. Name and Address of Current Registered Agent

LEE, ANNA
#1 APPLEWOOD CIR.
SOUTH DAYTONA FL 32119

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 617.0530 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [illegible] (If changing Registered Agent, this must be signed by the new agent) Date

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors	
TITLE	PD		☐ Change ☐ Addition
NAME	LEE, ANNA		
STREET ADDRESS	1 APPLEWOOD		
CITY-ST-ZIP	SOUTH DAYTONA FL		
TITLE	TD		☒ Change ☐ Addition
NAME	SHAW, PATRICIA	Treasurer - Secretary	
STREET ADDRESS	13 APPLEWOOD CIR	Candace Merrill	
CITY-ST-ZIP	S DAYTONA, FL 00000	2023 Hickorywood Dr.	
TITLE	SD	So Daytona Fl	☒ Change ☐ Addition
NAME	HALE, IRENE J	32119	
STREET ADDRESS	17 APPLEWOOD CIR		
CITY-ST-ZIP	S DAYTONA, FL 00000		
TITLE	VD	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MURPHY, HAROLD	HAZEL WIMPEY	
STREET ADDRESS	5 APPLEWOOD CIR	2017 HICKORY WOOD DR	
CITY-ST-ZIP	S. DAYTONA FL	SO. DAYTONA FL 32119	
TITLE	D		☐ Change ☐ Addition
NAME	SPERLICH, MARIE		
STREET ADDRESS	8 CHERRYWOOD DR.		
CITY-ST-ZIP	S DAYTONA, FL 00000		
TITLE	D	D PHYLLIS STRADER	☐ Change ☒ Addition
NAME	WHITE, HELEN		
STREET ADDRESS	2044 HICKORYWOOD	27 APPLEWOOD CIR	
CITY-ST-ZIP	S. DAYTONA FL	SO DAYTONA FL 32119 PL	

CR2E037 (3/95)

14. I 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: ANNA Lee = Anna Lee 6-15-95 (904) 767-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001424