FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738309** **(4)**

1. Corporation Name

RG CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W STATE RD 434 #5000 LONGWOOD FL 32779	2180 W STATE RD 434 #5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1977
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1755618 ☐ 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 § 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

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

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	~~VD~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	DICKENSON, JIM	12 NAME		
STREET ADDRESS	4180 PLAYERS CIRCLE	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	~~TD~~	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~SUNDSTROM, ROBERT~~	22 NAME	DOUNS, ROBERT	
STREET ADDRESS	~~4100 PLAYER CIR~~	23 STREET ADDRESS	4181 S. LAKE ORLAND PKWY	
CITY ST ZIP	~~ORLANDO FL~~	24 CITY ST ZIP	ORLANDO FLORIDA	
TITLE	~~D~~	31 TITLE	STD	☒ Change ☐ Addition
NAME	~~SMITH, JOSE~~	32 NAME	MCMANUS, MICHAEL	
STREET ADDRESS	~~4204 PLAYER CIR~~	33 STREET ADDRESS	4176 PLAYER CIRCLE	
CITY ST ZIP	~~ORLANDO FL~~	34 CITY ST ZIP	ORLANDO FLORIDA	
TITLE	~~PD~~	41 TITLE	D	☒ Change ☐ Addition
NAME	ANDES, BOB	42 NAME		
STREET ADDRESS	4184 PLAYER CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	~~SD~~	51 TITLE	D	☒ Change ☐ Addition
NAME	BADGER, LEE	52 NAME		
STREET ADDRESS	4152 PLAYER CIRCLE	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Jim Dickenson TIM DICKENSON 3-6-95 401 249-5432
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

000831