SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $160 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $320)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:09

DOCUMENT # **767078** **(9)**

1. Corporation Name

SURREY WOODS TOWNHOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NANCY GRIECO 2817-C STONEWAY LANE FT. PIERCE FL 34982	% NANCY GRIECO 2817-C STONEWAY LANE FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1983
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2476982 ☐ 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 ☐ **FILING FEE IS $61.25**
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 2830-B STONEWAY	Suite, Apt. #, etc. 27 2834-B STONEWAY
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIECO, NANCY
2817-C STONEWAY LANE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2830-B STONEWAY LANE
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 _____ 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	JULIAN, CHARLES	12 NAME		
STREET ADDRESS	2818-B STONEWAY LAND	13 STREET ADDRESS	2830-B	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HARK, KENNETH	22 NAME		
STREET ADDRESS	2818-B STONEWAY LANE	23 STREET ADDRESS	2830-B	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☑ Change ☐ Addition
NAME	GRIECO, NANCY	32 NAME		
STREET ADDRESS	2817-C STONEWAY LANE	33 STREET ADDRESS	Remove	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☑ Change ☐ Addition
NAME	GRIECO, NANCY	42 NAME		
STREET ADDRESS	2817-C STONEWAY LANE	43 STREET ADDRESS	Remove	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KREGER, RICHARD	52 NAME		
STREET ADDRESS	2823-A STONEWAY LANE	53 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	GRIECO, NANCY	☐ Change ☐ Addition
NAME		62 NAME	DIRECTOR	
STREET ADDRESS		63 STREET ADDRESS	2830-B STONEWAY	
CITY-ST-ZIP		64 CITY-ST-ZIP	FORT PIERCE FL 34982	

CR2E037 (3/95)

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: Nancy A Grieco Nancy Grieco 6/30/95 407 465-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017241