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CORPORATION ANNUAL REPORT 1995

DOCUMENT # 771082 (5)

1. Corporate Name

SYMPHONY ISLES MASTER ASSOCIATION, INC.

FILED
95 FEB 28 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
921 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	921 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 3165
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Apollo Beach, FL
Zip / Country	Zip / Country
24 / 25	29 33572 / 30

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2613179 ☐ 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

9. Name and Address of Current Registered Agent

RICHARDS, WILLIAM
910 SYMPHONY BEACH LA
APOLLO BCH FL 33572

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 _____ (NOTE: Registered Agent's signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	VEDLER, RON	12 NAME	Richards, William
STREET ADDRESS	935 SYM ISLES BLVD	13 STREET ADDRESS	910 Symphony Beach Lane
CITY-ST-ZIP	APOLLO BEACH FL	14 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	TD	21 TITLE	D ☒ Change ☐ Addition
NAME	ARMSTRONG, WILLIAM	22 NAME	Flatt, Stephanie
STREET ADDRESS	1011 SONATA LA	23 STREET ADDRESS	917 Capriccio
CITY-ST-ZIP	APOLLO BEACH FL	24 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	FLATT, STEPHANIE	32 NAME	Armstrong, William
STREET ADDRESS	917 CAPRICCIO	33 STREET ADDRESS	1011 Sonata Lane
CITY-ST-ZIP	APOLLO BEACH FL	34 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	HARDY, STEVE	42 NAME	Fletchall, Beverly
STREET ADDRESS	814 SYMPHONY ISLES BLVD	43 STREET ADDRESS	926 Symphony Isles Blvd
CITY-ST-ZIP	APOLLO BEACH FL	44 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	PD	51 TITLE	D ☒ Change ☐ Addition
NAME	RICHARDS, WILLIAM	52 NAME	Duckstein, Alice
STREET ADDRESS	910 SYMPHONY BEACH LANE	53 STREET ADDRESS	6005 Adagio
CITY-ST-ZIP	APOLLO BEACH FL	54 CITY-ST-ZIP	Apollo Beach, FL 33572
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: William R Richards 2-24-95 813 645 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM R. RICHARDS

000030