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 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18166 (1)

1. Corporation Name

SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2828 PROCTOR ROAD 4801 E. TAMIAMI TRL., SUITE #3 SARASOTA FL 34231 US	2828 PROCTOR ROAD 4801 E. TAMIAMI TRL., SUITE #3 SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0035924 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. # etc. 22 — City & State 23 — Zip 24 — County 25
2a. Mailing Address — 26 — Suite, Apt. # etc. 27 — City & State 28 — Zip 29 — Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election for 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	10. Name and Address of New Registered Agent
MILLER MANAGEMENT SERVICES 2828 PROCTOR ROAD SARASOTA FL 34231	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	JONES, DAVID	NAME	
STREET ADDRESS	4724 MEADOWVIEW BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	~~STD~~	TITLE	TD ☒ Change ☐ Addition
NAME	~~SALTZMAN, JUDITH~~	NAME	REIBER, Herb
STREET ADDRESS	~~4733 SPRING MEADOW LANE~~	STREET ADDRESS	4707 Meadowview Circle
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	LAWLOR, MATTHEW	NAME	
STREET ADDRESS	4668 LONG LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	~~MUSCO, STEPHEN~~	NAME	SALTZMAN, Judith
STREET ADDRESS	~~4717 MEADOWVIEW CIRCLE~~	STREET ADDRESS	4733 Springmeadow Lane
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	~~D~~	TITLE	SD ☒ Change ☐ Addition
NAME	VINCENT, SHEILA	NAME	
STREET ADDRESS	4714 MEADOWVIEW CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SARAOSTA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/28/95 (813) 923-1331

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