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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
APR 07 1995
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:03

DOCUMENT # N22123 (6)

1. Corporation Name

THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 FRONT ST. P. O. BOX 1329 KEY WEST FL 33040 US	PO BOX 1329 P. O. BOX 1329 KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1987
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0069401 ☐ 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

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SEWELL, JACK E.
201 FRONT STREET, SUITE 204
KEY WEST FL 33040

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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SINGH, PRITAM	12 NAME	
STREET ADDRESS	PO BOX 4132 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BREWER, BUD	22 NAME	
STREET ADDRESS	3340 N. ROOSEVELT BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CREATH, JACQUELINE	32 NAME	
STREET ADDRESS	FRONT & GREENE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KRAMER, BRAD	42 NAME	
STREET ADDRESS	FRONT & GREENE	43 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	
TITLE	~~ST~~	51 TITLE	BEMIS, LARRY ☒ Change ☐ Addition
NAME	~~VERNON, SUSAN~~	52 NAME	1071 SAN PEDRO AVE
STREET ADDRESS	~~C/O 317 WHITEHEAD ST.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~KEY WEST FL~~	54 CITY-ST-ZIP	CORAL GABLES, FLA 33156
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BEHMKE, JOHN	62 NAME	
STREET ADDRESS	FRONT & GREENE ST	63 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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: Bob Kramer, Sec. 3-15-95 (305) 296-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030163