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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 22 PM 3:46

DOCUMENT # N27023 (3)

1. Corporation Name
THE SPANISH RIVER VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1551 SW 1ST AVENUE BOCA RATON FL 33432	1551 SW 1ST AVENUE BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0056050 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1527 SW 1ST AVENUE	26 1527 SW 1ST AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33432 Country 25	Zip 29 33432 Country 30

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	10. Name and Address of New Registered Agent
ADAMS, NANCY S. 1551 SW 1ST AVENUE BOCA RATON FL 33432	81 Name: POWERS, SEAN P. 82 Street Address (P.O. Box Number is Not Acceptable): 1527 SW 1ST AVENUE 83 84 City: BOCA RATON FL 85 Zip Code: 33432

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 [signature] SEAN P. POWERS, TREAS/DIRECTOR 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FENICK, RICHARD I	1.2 NAME		
STREET ADDRESS	100 SW 15TH DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CARLEN, BARBARA	2.2 NAME		
STREET ADDRESS	1516 S W 1ST AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ADAMS, NANCY S.	3.2 NAME	POWERS, SEAN P.	
STREET ADDRESS	1551 SW 1ST AVENUE	3.3 STREET ADDRESS	1527 SW 1ST AVENUE	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, LYNNE	4.2 NAME		
STREET ADDRESS	198 SW 15TH DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] [signature] 3/13/95 (407)394-7215
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Telephone #
SEAN P. POWERS, TD

0048470