

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000003486 (7)**

1. Corporation Name

**LOOMIS TRAILS RESIDENTS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**301 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32115**      **P.O. BOX 2451  
DAYTONA BEACH FL 32115-2451**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/11/1994**

4. FEI Number      Applied For  
 Not Applicable

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      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

**COUNTS, EMORY  
301 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32115**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      **FL**      B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      PD  
NAME      COUNTS, EMORY  
STREET ADDRESS      301 S. RIDGEWOOD AVENUE  
CITY - ST - ZIP      DAYTONA BEACH FL 32115

TITLE      VD  
NAME      HAMER, JANET  
STREET ADDRESS      301 S. RIDGEWOOD AVENUE  
CITY - ST - ZIP      DAYTONA BEACH FL 32115

TITLE      STD  
NAME      ROBERTSON, R. MICHAEL  
STREET ADDRESS      301 S. RIDGEWOOD AVENUE  
CITY - ST - ZIP      DAYTONA BEACH FL 32115

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/95  
DATE

904/258-3104  
TELEPHONE #