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 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766968 (2)

1. Corporation Name
TOMAHAWK TERRACE CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
305, 307, 309, 311 HAYDEN ROAD TALLAHASSEE FL 32304	C/O KRM MANAGMENT, INC. 431 WAVERLY ROAD TALLAHASSEE FL 32313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2355278 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 C/O HAVEN MGMT. OF TALL., INC.
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 P.O. BOX 2396
City & State 23	City & State 28 TALLAHASSEE, FL
Zip 24 Country 25	Zip 29 32316 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
ISAACS, DAN L 431 WAVERLY ROAD TALLAHASSEE FL 32313	81 Name: BETTY CAPPS 82 Street Address (P.O. Box Number is Not Acceptable): 1471 CAPITAL CIRCLE NW 83 84 City: TALLAHASSEE FL 85 Zip Code: 32316

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 Betty Capps 4/25/95
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	11 TITLE	☐ Change ☐ Addition
NAME	STONER, ROBERT	12 NAME	
STREET ADDRESS	12907 RAIN FOREST STREET	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	MCARTHUR, GERALD	22 NAME	
STREET ADDRESS	307-B HAYDEN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCMANUS, ROBERTA J	32 NAME	
STREET ADDRESS	1907 GLORIA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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)(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: Betty Capps 4/25/95 (904) 574-2836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002321