

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N41400 (5)

1. Corporation Name

POST OFFICE ARCADE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

01-GW-00000001-01
STUART, FL 34996

**643 SE ST. LUCIE BLVD.
STUART, FLA. 34996**

01-GW-00000001-01
STUART, FL 34996

**P.O. Box 1274
HIGHLANDS, NC 28741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0221350

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

21 643 SE ST. LUCIE BLVD.

2a. Mailing Address

Suite, Apt. #, etc.

22 STUART,

Suite, Apt. #, etc.

City & State

27 P.O. Box 1274

23 FLA.

City & State

28 HIGHLANDS, NC

Zip

24 34996

Country

25 MARTIN

Zip

29 28741

Country

30 ALCON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFERSON, JOAN

01-GW-00000001-01

4TH FLOOR

STUART, FL 34996

**643 SE ST. LUCIE BLVD.
STUART, FLA. 34996**

01 Name

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

03

04 City

FL

05 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

JOAN JEFFERSON

(NOTE: Registered Agent signature required when appointing)

4-6-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

NAME

JEFFERSON, JOAN

STREET ADDRESS

31 S. W. OSCEOLA ST

CITY - ST - ZIP

STUART FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

JEFFERSON, PETER A.

STREET ADDRESS

31 S. W. OSCEOLA ST

CITY - ST - ZIP

STUART FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

MACMILLAN, ANN S.

STREET ADDRESS

201 S.E. HARBOUR PT. DR.

CITY - ST - ZIP

STUART FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

MACMILLAN, DAVID M.

STREET ADDRESS

201 S.E. HARBOUR PT. DR.

CITY - ST - ZIP

STUART FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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