FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NO ****78.00 ****200.00

DOCUMENT # **224521** **(5)**

1. Corporation Name
ATLANTIC GULF COMMUNITIES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461

3. Date Incorporated or Qualified: 06/05/1959
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 59-1092221 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133

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	DPA	11 TITLE	DP	☐ Change ☒ Addition
NAME	JEFFREY, THOMAS W.	12 NAME	Thomas W. Jeffrey	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	13 STREET ADDRESS	2601 S. Bayshore Drive	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33133	
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	FISCHER, JOHN H.	22 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	VAS	☒ Change ☐ Addition
NAME	KLEINERMAN, PETER S.	32 NAME	Julio J. Gonzalez	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	33 STREET ADDRESS	2601 S. Bayshore Drive	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33133	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	CAIN, RALPH C. III	42 NAME		
STREET ADDRESS	1673 S.E. NEIMEYER CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	PORT ST. LUCIE FL	44 CITY ST ZIP		
TITLE	VS	51 TITLE		☐ Change ☐ Addition
NAME	LANGLEY, MARCIA H	52 NAME		
STREET ADDRESS	2601 S BAYSHORE DR	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE		61 TITLE	SPA 4/28	☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
Marcia H. Langley

0134656 CP