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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:01

DOCUMENT # 641643

(2)

1. Corporation Name

SEA RANCH-Forest Ridge, INC.

Principal Place of Business

111 E LAS OLAS BLVD
FT LAUDERDALE FL 33301-2206

Mailing Address

111 E LAS OLAS BLVD
FT LAUDERDALE FL 33301-2206

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1979

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0023736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

PALMER, CHARLES L.
111 E LAS OLAS BLVD
FT LAUDERDALE FL 33302

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

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

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLINS, WALTER C.
STREET ADDRESS	1725 SE 13TH STREET
CITY- ST- ZIP	FT LAUDERDALE, FL 00000
TITLE	CTD
NAME	PALMER, CHARLES C.
STREET ADDRESS	2205 MIDDLE RIVER DRIVE
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	V
NAME	WILSON, JOY
STREET ADDRESS	111 E. LAS OLAS BLVD.
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	MCCLOSKEY, DONALD C.
STREET ADDRESS	2609 N E 8TH STREET
CITY- ST- ZIP	FT. LAUDERDALE, FL 0
TITLE	V
NAME	CANTRELL, WILLIAM G.
STREET ADDRESS	111 E. LAS OLAS BLVD.
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	AS
NAME	DRESSLER, SHARON K.
STREET ADDRESS	111 E. LAS OLAS BLVD.
CITY- ST- ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	Moir, Sharon K
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

305-463-0681