

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **641643**

(2)

1. Corporation Name

SEA RANCH-FOREST RIDGE, INC.



Principal Place of Business

**312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE FL 33316**

Mailing Address

**312 SE 17TH STREET
SUITE 300
FT. LAUDERDALE FL 33316**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/11/1979

3a. Date of Last Report
03/08/1995

4. FEI Number

65-0023736

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

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

81 Name

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

312 SE 17th St

83

Suite 300

84

City Ft Lauderdale

FL

85 Zip Code

33316

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 or both if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLLINS, WALTER C.	
STREET ADDRESS	1725 SE 13TH STREET	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	PALMER, CHARLES C.	
STREET ADDRESS	2205 MIDDLE RIVER DRIVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, JOY	
STREET ADDRESS	111 E. LAS OLAS BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, DONALD C.	
STREET ADDRESS	2609 N E 8TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CANTRELL, WILLIAM G.	
STREET ADDRESS	111 E. LAS OLAS BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOIR, 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	312 SE 17th St Suite 300
1.4 CITY - ST - ZIP	Ft Lauderdale, FL 33316
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	312 SE 17th St Suite 300
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33316
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	312 S.E. 17th St Suite 300
5.4 CITY - ST - ZIP	Ft. Lauderdale FL 33316
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	312 SE 17th St Suite 300
6.4 CITY - ST - ZIP	Ft Lauderdale FL 33316

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 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

Date

Daytime Phone #

2-7-96

954-463-0681

CR2E034 (12/95)