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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **709393** **(3)**

1. Corporation Name

TAHITIAN GARDENS CONDOMINIUM, INCORPORATED

Principal Place of Business	Mailing Address
4327 TAHITIAN GARDENS CIRCLE HOLIDAY FL 34691	4327 TAHITIAN GARDENS CIRCLE HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1965
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1158263 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

VIALL, PATRICIA M
4332-F TAHITIAN GRDNS CIR
HOLIDAY 34691

10. Name and Address of New Registered Agent

81 Name: John R. Carlson
82 Street Address (P.O. Box Number is Not Acceptable): 4375-B Tahitian Gardens Circle
83
84 City: Holiday **FL** 85 Zip Code: 34691

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: _____ John R. Carlson, President 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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	VIALL, PATRICIA M	12 NAME	John R. Carlson	
STREET ADDRESS	4332-F TAHITIAN GRDNS CIR	13 STREET ADDRESS	4375-B Tahitian Gardens Circle	
CITY-ST-ZIP	HOLIDAY, FL 0	14 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	VP	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	CARLSON, JOHN R	22 NAME	Ginette Rennell	
STREET ADDRESS	4375-B TAHITIAN GRDNS CIR	23 STREET ADDRESS	2348 Middlecoff Drive	
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	S	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	MIHOCIK, JOHN D	32 NAME	C. Warren Simpson	
STREET ADDRESS	4313-C TAHITIAN GRDNS CIR	33 STREET ADDRESS	4324-C Tahitian Gardens Circle	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JAMES	42 NAME		
STREET ADDRESS	4344-C TAHITIAN GRDNS CIR	43 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SAVARD, IRENE	52 NAME		
STREET ADDRESS	4354-C TAHITIAN GDNS CIR	53 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Director	☒ Change ☐ Addition
NAME	SIMPSON, CHARLES W	62 NAME	Chris Liossis	
STREET ADDRESS	4324-C TAHITIAN GRDNS CIR	63 STREET ADDRESS	4351-C Tahitian Gardens Circle	
CITY-ST-ZIP	HOLIDAY FL	64 CITY-ST-ZIP	Holiday, FL 34691	

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: _____ John R. Carlson, President (813)934-2342 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

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