FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716799** **(2)**

1. Corporation Name

ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE BAKU STREET STUART FL 34996-6302	ONE BAKU STREET STUART FL 34996-6302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1969
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2423084 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRAWFORD, EARL R
2 MINDORO STREET
STUART FL 33494

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 **34996**

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	PD	1.1 TITLE	D	☐ Change ☑ Addition
NAME	ROMANO, MICHAEL	1.2 NAME	HART, WILLIAM H	
STREET ADDRESS	21 SIMARA ST.	1.3 STREET ADDRESS	25 SIMARA ST.	
CITY-ST-ZIP	STUART FL 34996	1.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	VD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	OWEN, NATHAN	2.2 NAME	KINARD, JAMES E.	
STREET ADDRESS	18 SIMARA STREET	2.3 STREET ADDRESS	5 TIMOR ST.	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	SD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SCHNABEL, BARBARA	3.2 NAME	KISSLING, CYRUS	
STREET ADDRESS	122 S. SEWALL'S POINT RD.	3.3 STREET ADDRESS	4 MINDORO ST.	
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	TD	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BABBITT, FRANK	4.2 NAME	KLOSE, PAUL C.	
STREET ADDRESS	1 BAKU STREET	4.3 STREET ADDRESS	2 BAKU ST.	
CITY-ST-ZIP	STUART FL 34996	4.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	AMSLER, WILLIAM	5.2 NAME	PYNE, KATHERINE	
STREET ADDRESS	2 SIMARA ST.	5.3 STREET ADDRESS	26 SIMARA ST.	
CITY-ST-ZIP	STUART FL 34996	5.4 CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	6.1 TITLE	D	☐ Change ☑ Addition
NAME	AYCOCK, WADE	6.2 NAME	TAYLOR, MARK P.	
STREET ADDRESS	126 S. SEWALL'S POINT RD.	6.3 STREET ADDRESS	27 SIMARA ST.	
CITY-ST-ZIP	STUART FL 34996	6.4 CITY-ST-ZIP	STUART, FL 34996	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Babbitt FRANK BABBITT, TREAS. 4/17/95 (407) 287-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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