

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

DOCUMENT # 723649 (0)

1. Corporation Name

CURRAN SHORES SOUTH MANAGEMENT CORP.

SS MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3641 SOUTH ATLANTIC AVE
DAYTONA BEACH FL 32127

3641 SOUTH ATLANTIC AVE
DAYTONA BEACH FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1972

3a. Date of Last Report

03/16/1994

4. FEI Number

59-1507396

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 G. 100.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOHERTY, THOS
3641 SOUTH ATLANTIC AVENUE
DAYTONA BEACH FL 32127

81

Name

LLOYD ROMBACH

82

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

3641 S. ATLANTIC AVE

83

City

DAYTONA BEACH SHORES

84

City

FL

85

Zip Code

32127

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

Lloyd Rombach

(NOTE: Registered Agent signature required when reappointing)

DATE

5-6-95

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KRAIK, SUSAN
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH SHORES FL
TITLE	DD M
NAME	SMITH, EDWIN I
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH, FL 00000
TITLE	D
NAME	EBY, MARGARET
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH, FL 00000
TITLE	SD
NAME	DOHERTY, THOMAS
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH, FL 00000
TITLE	D
NAME	ROBINSON, ALVIN
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH, FL 00000
TITLE	PD
NAME	ROMBACH, LLOYD
STREET ADDRESS	3641 S ATLANTIC AVE
CITY - ST - ZIP	DAYTONA BCH SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	MARY MCBEE
23 STREET ADDRESS	3641 S. ATLANTIC AVE
24 CITY - ST - ZIP	DAYTONA BEACH FL
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	JOE BIENIASZ
43 STREET ADDRESS	3641 S. ATLANTIC AVE
44 CITY - ST - ZIP	DAYTONA BEACH FL
51 TITLE	☒ Change ☐ Addition
52 NAME	PAT KANANEN
53 STREET ADDRESS	3641 S. ATLANTIC AVE
54 CITY - ST - ZIP	DAYTONA BEACH FL
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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: *Lloyd Rombach* *Lloyd Rombach* *April 10/95* *760-0015*

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

Date

Daytime Phone #