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 11 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741720 (7)

1. Corporation Name
TRI-CITY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1313 N.W. 36TH ST. SUITE 102 MIAMI FL 33142	1313 N.W. 36TH ST. SUITE 102 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1978
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1848656 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SMITH, ALVIN
20630 N.E. MIAMI COURT
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: Ivan Barrett
82 Street Address (P.O. Box Number is Not Acceptable): 1137 N.W. 40th Street
83
84 City: MIAMI **FL** 85 Zip Code: 33127

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: Mr. Ivan Barrett Treasurer — 3/27/95
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	D	☐ Change ☐ Addition
NAME	JOHNSON, MARY W		12 NAME		
STREET ADDRESS	1601 NW 56TH WST		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	D	14 CITY-ST-ZIP		
TITLE	SVP		21 TITLE	D	☐ Change ☐ Addition
NAME	ALBURY, MIRANDA		22 NAME		
STREET ADDRESS	1490 NW 3RD AVE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	D	24 CITY-ST-ZIP		
TITLE	VP		31 TITLE	D	☐ Change ☐ Addition
NAME	GOLDSMITH, JOHN		32 NAME		
STREET ADDRESS	2021 NW 48TH ST		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	D	34 CITY-ST-ZIP		
TITLE	S		41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	SMITH, ALVIN		42 NAME	PRESTON W. MARSHALL	
STREET ADDRESS	6800 NW 27TH AVE		43 STREET ADDRESS	900 N.W. 85th ST	D
CITY-ST-ZIP	HIALEAH FL	D	44 CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T		51 TITLE	TREASURER	☐ Change ☒ Addition
NAME	MARSHALL, PRESTON W. JR7		52 NAME	IVAN BARRETT	
STREET ADDRESS	900 NW 85TH ST		53 STREET ADDRESS	1137 N.W. 40th ST	D
CITY-ST-ZIP	MIAMI FL	D	54 CITY-ST-ZIP	MIAMI, FL 33127	
TITLE			61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP	# DEPOSITED BY BANK	CH

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: Dorothy R. Hanks, Ex Director — 1/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042348