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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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # **741973** **(2)**

1. Corporation Name

MAROON SUBDIVISION, UNIT TWO, PROPERTY OWNERS' A SSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KENNETH R. SHANKS 917 HOLOMA DRIVE VERO BEACH FL 32963	C/O KENNETH R. SHANKS 917 HOLOMA DRIVE VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1978
3a. Date of Last Report: 04/15/1994
4. FEI Number: 22-2378831 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O G. KRONEWITZ	26 C/O G. KRONEWITZ
22 Suite, Apt. #, etc. 902 HOLOMA DR	27 Suite, Apt. #, etc. 902 HOLOMA DR
23 City & State INDIAN RIVER SHR FL	28 City & State INDIAN RIVER SHR, FL
24 Zip 32963 / 25 Country IND. RIV.	29 Zip 32963 / 30 Country IND RIV

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, WILLIAM J ESQ. 3355 OCEAN DRIVE VERO BEACH FL 32960	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	VD	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	PREST. JOHN	1.2 NAME	ROBERT MITCHELL
STREET ADDRESS	906 HOLOMA DRIVE	1.3 STREET ADDRESS	912 HOLOMA DR
CITY-ST-ZIP	INDIAN RIVER SHR. FL	1.4 CITY-ST-ZIP	INDIAN RIVER SHR, FL 32963
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANKS, KENNETH R.	2.2 NAME	
STREET ADDRESS	917 HOLOMA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RIVER SHR. FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, BELL	3.2 NAME	
STREET ADDRESS	909 HOLOMA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RIVER SHR FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	KRONEWITZ, GEORGIA	4.2 NAME	
STREET ADDRESS	902 HOLOMA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RIVER SHR FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	☐ Change ☐ Addition
NAME	BEESON, RICHARD C.	5.2 NAME	
STREET ADDRESS	913 HOLOMA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RIVER SHR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: R.C. BEESON Pres. 2/14/95 (407) 234-3582
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Daytime Phone Number

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