FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

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

Principal Place of Business	Mailing Address
C/O G. KRONEWITZ 902 HOLOMA DR INDIAN RIVER SHORE FL 32963 US	C/O G KROEWITZ 902 HOLOMA DRIVE INDIAN RIVER SHORE FL 32963 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **03/13/1978**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **22-2378831** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

STEWART, WILLIAM J ESQ.
3355 OCEAN DRIVE
VERO BEACH FL 32960

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title, if applicable (NOTE: Registered Agent signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ROBERT		12 NAME		
STREET ADDRESS	912 HOLOMA DR		13 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORE FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SHANKS, KENNETH R.		22 NAME		
STREET ADDRESS	917 HOLOMA DR		23 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHR. FL		24 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	31 TITLE	VD	☐ Change ☒ Addition
NAME	ROSS, BELL		32 NAME	JOE SAKACH	
STREET ADDRESS	909 HOLOMA DR		33 STREET ADDRESS	915 HOLOMA DR	
CITY-ST-ZIP	INDIAN RIVER SHR FL		34 CITY-ST-ZIP	INDIAN RIVER SHR, FL	
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KRONEWITZ, GEORGIA		42 NAME		
STREET ADDRESS	902 HOLOMA DR		43 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHR FL		44 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BEESON, RICHARD C.		52 NAME		
STREET ADDRESS	913 HOLOMA DR		53 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHR FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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: _____ 5/23/96 407-834-3582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)