

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:13

DOCUMENT # 745652 (8)
1. Corporation Name
ARVIDA PARK OF COMMERCE EAST ASSOCIATION, INC.

Principal Place of Business Mailing Address
2000 GLADES RD.
STE. 306
BOCA RATON FL 33431
2000 GLADES RD
SUITE 306
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1979 3a. Date of Last Report 02/15/1994
4. FEI Number 59-1922369 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACQUES, WILLIAM M.
2000 GLADES ROAD, SUITE 306
BOCA RATON FL 33431

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

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	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKENNA, DAVID	1.2 NAME	
STREET ADDRESS	2000 GLADES RD, SUITE 306	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JACQUES, WILLIAM M.	2.2 NAME	
STREET ADDRESS	2000 GLADES RD, SUITE 306	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKENNA, DAVID G	3.2 NAME	
STREET ADDRESS	2000 GLADES RD, SUITE 306	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LOBELLO, PETER	4.2 NAME	
STREET ADDRESS	645 PARK OF COMMERCE WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EISEN, HOWARD	5.2 NAME	
STREET ADDRESS	6600 PARK OF COMMERCE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	GILLILAND, VIVIAN	6.2 NAME	
STREET ADDRESS	2000 GLADES RD, SUITE 306	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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 110.07(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:

Vivian Gilliland VIVIAN GILLILAND

1/13/95

407-750-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone (Area)