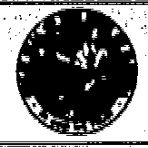


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 20 PM 12:11  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 750580 (3)**  
1. Corporation Name  
**THE PONDS OF TARPON WOODS, INC.**

Principal Place of Business Mailing Address  
**4800 MILE STRETCH RD  
P O BOX 3370 NA  
HOLIDAY FL 34690  
US** **4800 MILE STRETCH RD  
P O BOX 3370 N/A  
HOLIDAY FL 34690  
US**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **01/11/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1962396** 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 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**REIMER, FREDERICK  
4800 MILE STRETCH RD  
HOLIDAY FL 34690**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
SD **CHASE, MEL  
3781 OLD CREEK  
TROY MI**  
TD **CZAJKA, JOHN  
5573 CLIFF CT**  
VPD **WITSKEN, EUGENE  
6844 VAN GORDON RD  
HAMILTON OH**  
VPD **TROMETER, KENNETH J  
6287 VERNON CIRCLE  
WILLIAMSVILLE, FL N.Y.**  
PD **BRENNAN, THOMAS E  
6151 PARK LAKE ROAD  
EAST LANSING MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE **P/D**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP **Williamsville NY**  
5.1 TITLE  Change  Addition  
5.2 NAME **DELETE**  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth J. Trometer* **Kenneth J. Trometer** 716 626 0067  
DATE: **4/18/95** 813 785 3236