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 MAR -3 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755237 (5)

1. Corporation Name

TOWNHOMES OF BIGTREE ASSOCIATION,INC.

Principal Place of Business	Mailing Address
P. O. BOX 23832 P. O. BOX 23832 322413832 32241-0832	P. O. BOX 23832 P. O. BOX 23832 322413832 32241-0832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1980
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2068347 ☐ 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	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

ROLFE, LAWRENCE C. ATTY. AT LAW
720 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

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 _____ 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	TD	11 TITLE	T/D/V	☒ Change ☐ Addition
NAME	KIRBY, T. MALCOLM	12 NAME	KIRBY, T. MALCOLM	
STREET ADDRESS	10465 BIGTREE CIRCLE, EAST	13 STREET ADDRESS	10465 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DUNN, THOMAS	22 NAME	DUNN, THOMAS	
STREET ADDRESS	10547 BIGTREE TERRACE	23 STREET ADDRESS	10335 BIGTREE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	ELSINGER, JAMES	32 NAME	Elsinger, James	
STREET ADDRESS	10547 BIGTREE CIRCLE, EAST	33 STREET ADDRESS	10547 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MCALEER, MARY LOU	42 NAME	Cook, Emory	
STREET ADDRESS	10405 BIGTREE CIRCLE, EAST	43 STREET ADDRESS	10430 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	SD	51 TITLE	S/D	☒ Change ☐ Addition
NAME	PECK, SHIRLEY	52 NAME	PECK, SHIRLEY	
STREET ADDRESS	10456 BIGTREE CIR., W.	53 STREET ADDRESS	10456 BIGTREE CIRCLE, WEST	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	PD	61 TITLE	P/D	☒ Change ☐ Addition
NAME	ELLIS, RAYMOND	62 NAME	ELLIS, RAYMOND	
STREET ADDRESS	10431 BIGTREE CIRCLE, WEST	63 STREET ADDRESS	10431 BIGTREE CIRCLE, WEST	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE, FL 32257	

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: T. Malcolm Kirby TREASURER 2/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Date

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