FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 APR 28 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **809688** **(5)**

1. Corporation Name

ATLANTIC GULF COMMUNITIES CORPORATION

200001472292
-05/03/95--01008--001
***7800.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461

3. Date Incorporated or Qualified: 02/22/1954
3a. Date of Last Report: 04/29/1994

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

4. FEI Number: 59-0720444 — 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. This corporation has ability 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
MARCIA H. LANGLEY LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133	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	DP	11 TITLE		☐ Change ☐ Addition
NAME	RUTHERFORD, LARRY J.	12 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	EVTC	21 TITLE	EV	☒ Change ☐ Addition
NAME	KLEINERMAN, PETER S.	22 NAME	Peter Kleinerman	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	23 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33133	
TITLE	SVS	31 TITLE	EV	☒ Change ☐ Addition
NAME	JEFFREY, THOMAS W.	32 NAME	Thomas W. Jeffrey	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	33 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	41 TITLE	DC	☒ Change ☐ Addition
NAME	APTHORP, JAMES W.	42 NAME	James W. Apthorp	
STREET ADDRESS	15307 AMBERLY DRIVE, SUITE 160	43 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COHEN, JEROME J.	52 NAME		
STREET ADDRESS	1125 N.E. 125TH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	VS	☐ Change ☒ Addition
NAME	DURHAM, ROBERT G.	62 NAME	Julio J. Gonzalez	
STREET ADDRESS	1500 NORTH DALE MABRY	63 STREET ADDRESS	2601 S. Bayshore Drive	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	Miami, FL 33133	

JBM 4/28

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 if changed, or on an attachment with an address.

SIGNATURE: Julio J. Gonzalez 4/25/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0134637 CP