FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:58

DOCUMENT # **F84844** **(2)**

1. Corporation Name

TAYLOR WOODROW PROPERTY COMPANY (FLORIDA), INC.

Principal Place of Business	Mailing Address
1900 LONGMEADOW SARASOTA FL 34235 US	1900 LONGMEADOW SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1982
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 7120 S. Beneva Rd.
22 Suite, Apt. #, etc.
23 City & State: Sarasota, Fl 34238
24 Zip: 34238
25 Country: Sarasota

2a. Mailing Address
26 7120 S. Beneva Rd.
27 Suite, Apt. #, etc.
20 City & State: Sarasota, Fl. 34238
29 Zip: 34238
30 Country: Sarasota

4. FEI Number: 58-1490041 ☐ 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

SHACKELTON, N. J.
1900 LONGMEADOW
STE 2570
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7120 S. Beneva Rd.
83
84 City: Sarasota **FL** 85 Zip Code: 34238

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	Secretary	☒ Change ☐ Addition
NAME	FISCHER, ROBERT E.	12 NAME	William G. Lambrecht	
STREET ADDRESS	250 PARK AVE	13 STREET ADDRESS	1550 Ringling Blvd.	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	Sarasota, Fl 34240	
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	LANDAU, EDWARD J	22 NAME	DELETE	
STREET ADDRESS	250 PARK AVE	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	SHACKLETON, NICHOLAS J	32 NAME		
STREET ADDRESS	1900 LONGMEADOW	33 STREET ADDRESS	7120 S. Beneva Road	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota, Fl 34238	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: _____ 03/29/95 813-927-0999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS THIS FORM — Date — Daytime Phone #
Nicholas J. Shackleton, President

0348884 CP