

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 22 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000899 (4)**

1. Corporation Name

TCR SFA SAWGRASS POINT, INC.

Principal Place of Business

**717 N. HARWOOD, STE 1200 LB 120
DALLAS TX 75201**

Mailing Address

**717 N. HARWOOD, STE 1200 LB 120
DALLAS TX 75201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 6400 Congress Ave

Suite, Apt., etc

22 2000

City & State

23 Boca Raton, FL

Zip

24 33487

Country

USA

2a. Mailing Address

26 6400 Congress Ave,

Suite, Apt., etc

27 2000

City & State

28 Boca Raton, FL

Zip

29 33487

Country

USA

4. FEI Number

75-2524773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BRYANT, BRAD D
6400 CONGRESS AVE
STE 2000
BOCA RATON FL 33487**

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

Separation: Typed or printed name of registered agent and his or her address.

12. Principal Agent Signature (Required after recording)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **WHEELER, CHRIS D**
STREET ADDRESS **6400 CONGRESS AVENUE, STE 2000**
CITY ST ZIP **BOCA RATON FL**

TITLE **VD**
NAME **TERWILLIGER, J R**
STREET ADDRESS **2859 PACES FERRY ROAD, STE 1400**
CITY ST ZIP **ATLANTA GA**

TITLE **VD**
NAME **CROW, HARLAN R**
STREET ADDRESS **2001 ROSS AVENUE, STE 3500**
CITY ST ZIP **DALLAS TX**

TITLE **VAS**
NAME **BRYANT, BRAD D**
STREET ADDRESS **6400 CONGRESS AVENUE, STE 2000**
CITY ST ZIP **BOCA RATON FL**

TITLE **V**
NAME **GLEHART, GREG W**
STREET ADDRESS **6400 CONGRESS AVENUE, STE 2000**
CITY ST ZIP **BOCA RATON FL**

TITLE **VTS**
NAME **PACE, RANDY J**
STREET ADDRESS **717 N. HARWOOD, STE 1200**
CITY ST ZIP **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

500001412945
-02/23/95--01007--017

******288.00 ****200.00**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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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(9)(b), Florida Statutes. I further certify that the information submitted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Sandra B. Matham, Assistant Secretary

2/10/95

Date

4071997-9700

Tracking Number