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

APPROVED AND FILED

95 FEB 22 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002036 (1)**

1. Corporation Name

TCR SFA HOMESTEAD COLONY, INC.

Principal Place of Business	Mailing Address
~~717 N. HARWOOD, SUITE 1200 LB 120 DALLAS TX 75201~~	~~717 N. HARWOOD, SUITE 1200 LB 120 DALLAS TX 75201~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Co400 Congress Ave	26 Co400 Congress Ave
Suite, Apt. #, etc. 22 2000	Suite, Apt. #, etc. 27 2000
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33487 Country 25 USA	Zip 29 33487 Country 30 USA

4. FEI Number: 75-2531545 ☐ 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	10. Name and Address of New Registered Agent
BRYANT, BRAD D 6400 CONGRESS AVE., STE 2000 BOCA RATON FL 33487	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TERWILLIGER, J R	12 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, STE 1400	13 STREET ADDRESS	800001412928
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	-02/23/95--01007--013
TITLE	VDTS	21 TITLE	****200.00 ****200.00
NAME	PACE, RANDY J	22 NAME	☐ Change ☐ Addition
STREET ADDRESS	717 N. HARWOOD, STE 1200	23 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	IGLEHART, GREG W	32 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, WILLIAM C	42 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH L	52 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	53 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☑ Change ☐ Addition
NAME	SATTERFIELD, LAURA L	62 NAME	2/22/95 MB
STREET ADDRESS	717 N. HARWOOD, STE 1200	63 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	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 attachment with an address.

SIGNATURE: Deborah L. Fish 2/10/95 407/777-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Deborah L. Fish, Assistant Secretary — Date — Daytime Phone #

047B13 FP