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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 FEB -7 PM 2:58

DOCUMENT # G08096 (1)

1. Corporation Name
TRECO COMMUNITIES, INC.

Principal Place of Business	Mailing Address
4600 MARRIOTT DR. SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043	4600 MARRIOTT DR. SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1982	3a. Date of Last Report: 03/22/1994
2. Principal Place of Business (21)	2a. Mailing Address (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: 59-2234249	☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEONARD, RICHARD A.	12 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE #200	13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, GLENN J.	22 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE #200	23 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PAYNE, CLAIR K.	32 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE #200	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MORTENSON, LEE N.	42 NAME	
STREET ADDRESS	55 E. MONROE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	EVPD	51 TITLE	☐ Change ☐ Addition
NAME	LEMONS, MARY W	52 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE, SUITE 200	53 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	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 attachment with an addition.

SIGNATURE: Richard A. Leonard January 15, 1995 (919) 781-5611
Richard A. Leonard, President
(Type or print name and title of person signing) Date Daytime Phone #

0002796 CP