

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **11/12/1982** 3a. Date of Last Report **02/07/1995**
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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and date of filing

Signature, typed or printed name of registered agent and date of filing

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEONARD, RICHARD A. | |
| STREET ADDRESS | 4600 MARRIOTT DRIVE #200 | |
| CITY - ST - ZIP | RALEIGH NC | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KENNEDY, GLENN J. | |
| STREET ADDRESS | 4600 MARRIOTT DRIVE #200 | |
| CITY - ST - ZIP | RALEIGH NC | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | PAYNE, CLAIR K. | |
| STREET ADDRESS | 4600 MARRIOTT DRIVE #200 | |
| CITY - ST - ZIP | RALEIGH NC | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MORTENSON, LEE N. | |
| STREET ADDRESS | 55 E. MONROE ST. | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | EVP | <input checked="" type="checkbox"/> DELETE |
| NAME | LEMONS, MARY W | |
| STREET ADDRESS | 4600 MARRIOTT DRIVE, SUITE 200 | |
| CITY - ST - ZIP | RALEIGH NC | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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)(k), 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: *Richard A. Leonard, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 1996 (919) 781-5611

CR2E034 (12/95)