FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G08096

(1)

Mailing Address

TRECO COMMUNITIES, INC.

Principal Place of Business

FILED	
May 02 1997 8:00am	1
Secretary of State	



4600 MARRIOTT DR. SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043		4600 MARRIOTT DR. SUI P.O. BOX 30043 RALEIGH NC 27622-0043	TE 200		3. Date Incorporated or Qualified	3a. Date of Last F	Roport	
					11/12/1982	03/07/1996	report	
2. Principal P	lace of Business	2e. Mailing Address			4. FEI Number		pplied For	
21	26				59-2234249		ot Applicable	
Suite, Apt.	#. etc. Suite Ant #. etc.			5. Certificate of Status Desired	T T T T	Additional equired		
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Oountr	y	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes No	 	
	9. Name and Address of Curre			т	10. Name and Address of New Re	distered Agent		
	PRENTICE-HALL CORPORATION	ON SYSTEM, INC.	81	Name				
120	1 HAYS STREET		82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
SUF	TE 105					·		
TAL	LAHASSEE FL 32301		83	H				
			84	City		FL 85 Zip	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the above authorized b lorida Statute	re-named cor y the corpora s.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing t the appointment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TL: Registered Ap	gent signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	LI TITLE			☐ Change	Addition	
NAME	LEONARD, RICHARD A.		1.2 NAME					
STREET ADDRESS	4600 MARRIOTT DRIVE #200		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	RALEIGH NC		1.4 CITY-	S1 - 21P				
TITLE	TD	DELETE	2.1 TITLE			☐ Change	L Addition	
NAME	KENNEDY, GLENN J.		2.2 NAME					
STREET ADDRESS	4600 MARRIOTT DRIVE #200		2.3 STREE	I ADDRESS				
CITY-ST-ZIP	RALEIGH NC		2 4 CHY	S1-7IP				
TITLE	8	☐ DELETE	3 1 TITLE			☐ Change	Addition	
NAME	PAYNE, CLAIR K.		3.2 NAME					
STREET ADDRESS	4600 MARRIOTT DRIVE #200	•	3.3 \$1RE	T ADDRESS				
CITY-ST-ZIP	RALEIGH NC		3.4. CITY	ST-ZIP				
TITLE	D	DELETE	4.1 Tiffle			☐ Change	Addition -	
NAME	MORTENSON, LEE N.	•	4. 2 NAM					
STREET ADDRESS	55 E. MONROE ST.		4.3 STREE	T ADORESS				
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-	ST-ZIP				
TITLE		DELETE	5.1 7(1).8			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	611ple		e ^s	☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			G 3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CrTY-	ST-ZIP				

14. I do hereby certify that the information supplied with this filing 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 12 or Block 12 or on an attactypient with an address.

CIGNATURE:

Kichael Q Terras

PRESIDENT

2/21/97

(919) 781-5611