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 APR 20 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G78406 (7)

1. Corporation Name
THE LOMA FARMS ROADOWNERS MAINTENANCE ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
3827 LOMA FARM RD. TALLAHASSEE FL 32308	3827 LOMA FARM RD. TALLAHASSEE FL 32309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21: 3681 Loma Farm Road
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32309 25: Country: (EON)

2a. Mailing Address
26: 3681 Loma Farm Road
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, FL
29: Zip: 32308 30: Country: (EON)

4. FEI Number: 59-2563964 ☐ 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

SCHLESINGER, CLYDE P.
3610 LOMA FARM ROAD
TALLAHASSEE FL 32308

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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	ALLAMON, GARY R.	12 NAME	David H. Batts	
STREET ADDRESS	3827 LOMA FARM RD.	13 STREET ADDRESS	3681 Loma Farm Road	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	VP	21 TITLE	Vice-President	☐ Change ☐ Addition
NAME	WIERENGA, RONALD J.	22 NAME	David Kushner	
STREET ADDRESS	6320 LOMA FARM PLACE	23 STREET ADDRESS	6326 Loma Farm Road	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	T	31 TITLE	Treasurer	☒ Change ☐ Addition
NAME	HOLLAND, ALAN	32 NAME	Jim Morris	
STREET ADDRESS	6329 LOMA FARM COURT	33 STREET ADDRESS	3676 Loma Farm Road	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	S	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	D. E. CRAWFORD	42 NAME	Debbie Mims	
STREET ADDRESS	6457 LOMA FARM RD.	43 STREET ADDRESS	3549 Loma Farm Road	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Jim Morris Jim Morris - Treasurer 4/17/95 (904) 488-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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