FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G78406

1. Corporation Name: The Loma Farm Roadowner's Maintenance Association, Inc.

Principal Place of Business	Mailing Address
3681 Loma Farm Rd Tallahassee, Fl 32308	3681 Loma Farm Rd Tallahassee, FL 32308

3. Date Incorporated or Qualified: 1-12-84
3a. Date of Last Report: 4/95

2. Principal Place of Business
21: 3681 Loma Farm Road
22: Suite, Apt. #, etc
23: City & State: Tallahassee, FL
24: Zip: 32308 — 25: Country: LEON

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

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 (DATE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	David H. Batts		12 NAME	
STREET ADDRESS	3681 Loma Farm Rd		13 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, Fl 32308		14 CITY, ST, ZIP	
TITLE	Vice-President	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	David Kushner		22 NAME	
STREET ADDRESS	6325 Loma Farm Rd		23 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, FL 32308		24 CITY, ST, ZIP	
TITLE	Treasurer	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Jim Morris		32 NAME	
STREET ADDRESS	3676 Loma Farm Rd		33 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, Fl 32308		34 CITY, ST, ZIP	
TITLE	Secretary	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Debbie Mims		42 NAME	
STREET ADDRESS	3549 Loma Farm Rd		43 STREET ADDRESS	
CITY, ST, ZIP	Tallahassee, FL 32308		44 CITY, ST, ZIP	5/1/96 CM
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	200001808142
CITY, ST, ZIP			54 CITY, ST, ZIP	-05/06/96--01015--025 ***200.00
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY, ST, ZIP			64 CITY, ST, ZIP	

CR2E034 (12/95)

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 — 4/29/96 — 487-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #