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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:50

DOCUMENT # **H33194** **(2)**

1. Corporation Name
NEWBERRY SQUARE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
10397 SOUTHERN BLVD ROYAL PALM BEACH FL 33411	10397 SOUTHERN BLVD ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/07/1984**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2547973** ☐ 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

ABLE, DIANE L.
10397 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERT L.	1.2 NAME		
STREET ADDRESS	10397 SOUTHERN BLVD	1.3 STREET ADDRESS		
CITY ST ZIP	ROYAL PALM BCH. FL	1.4 CITY ST ZIP		
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, LINNETTE	2.2 NAME		
STREET ADDRESS	10397 SOUTHERN BLVD	2.3 STREET ADDRESS	DELETE	
CITY ST ZIP	ROYAL PALM BCH. FL	2.4 CITY ST ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, CHRISTOPHER	3.2 NAME		
STREET ADDRESS	10397 SOUTHERN BLVD	3.3 STREET ADDRESS		
CITY ST ZIP	ROAYL PALM BCH. FL	3.4 CITY ST ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	ABLE, DIANE	4.2 NAME		
STREET ADDRESS	10397 SOUTHERN BLVD	4.3 STREET ADDRESS		
CITY ST ZIP	ROYAL PALM BCH. FL	4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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)(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 address.

SIGNATURE: Diane Able Diane Able, Sec/Treas. 4-4-95 (407) 790-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0261060 CP