

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 # **H75674** (2)  
1. Corporation Name  
**CTSF CONSTRUCTION COMPANY - BAYMEADOWS II**

Principal Place of Business

**541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751  
US**

Mailing Address

**541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/12/1985</b>		3a. Date of Last Report <b>05/01/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2609535</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HOEKSEMA, DOUGLAS A  
541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751**

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

Signature, typed or printed name of registered agent or officer if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOEKSEMA, DOUGLAS A</b>	1.2 NAME	
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERWILLIGER, J. RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>2850 PACES FERRY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROW, HARLAN R.</b>	3.2 NAME	
STREET ADDRESS	<b>2001 ROSS AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, CORBIN W.</b>	4.2 NAME	
STREET ADDRESS	<b>541 SOUTH ORLAND AVE., #210</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**100001822191**  
**-05/15/96-01045-001**  
**\*\*\*1400.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)