

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50974

(1)

1. Corporation Name

LF ROSSIGNOL DEVELOPMENT CORPORATION IV OF NEW E
NGLAND

Principal Place of Business

65 ANASTASIA LAKES DR.
C/O L.F. ROSSIGNOL III
ST. AUGUSTINE FL 32084
US

Mailing Address

65 ANASTASIA LAKES DR.
C/O L.F. ROSSIGNOL III
ST. AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/02/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2958761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSIGNOL, L. F., III
65 ANASTASIA LAKES DR.
ST. AUGUSTINE FL 32084

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

ROSSIGNOL, L. F., III
2929 TALLEVAST RD.
TALLEVAST FL

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ROSSIGNOL, L. F., III
2929 TALLEVAST RD.
TALLEVAST FL

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

HAHNEMANN, ROBERT
2929 TALLEVAST RD
SARASOTA FL

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature (typed or printed name))