

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****DOCUMENT # J64279 (9)**

1. Corporation Name

LINDRICK REALTY AT GULF LANDINGS, INC.

Principal Place of Business

**4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652**

Mailing Address

**4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34652****APPROVED
AND
FILED****95 MAR 13 AM 10:23****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1987

3a. Date of Last Report

08/15/1994

4. FEI Number

59-2796168

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORDA, JOSEPH
4925 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652**

81 Name

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

83

84 City

FL

89 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE SD
NAME BORDA, JOSEPH R.
STREET ADDRESS 4925 CROSS BAYOU BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL****TITLE D
NAME BORDA, MARLENE B.
STREET ADDRESS 4925 CROSS BAYOU BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL****TITLE PD
NAME MOUNTAIN, MARGARET E.
STREET ADDRESS 4925 CROSS BAYOU BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #