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

APPROVED AND FILED
95 APR 24 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74807** **(5)**

1. Corporation Name
STRAWBERRY SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4401 BOOT BAY ROAD PLANT CITY FL 33567	108 BYMAR DRIVE PLANT CITY FL 33567 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/26/1967**
3a. Date of Last Report: **04/04/1994**

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

4. FEI Number: **59-2854677** ☐ 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

VETTER, CHESTER
201 FLETCHER LN
PLANT CITY FL 33567

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, PHILIP	1.2 NAME		
STREET ADDRESS	120 VINE ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FEIBIGER, PEARL	2.2 NAME		
STREET ADDRESS	111 CROSSTRAIL	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, DORIS	3.2 NAME		
STREET ADDRESS	119 FLETCHER LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ROGAT, STANLEY	4.2 NAME		
STREET ADDRESS	108 BYMAR DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HEFFRON, CLIFFORD	5.2 NAME		
STREET ADDRESS	110 BYMAR DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	MORRIS, BOB	6.2 NAME		
STREET ADDRESS	107 CROSSTRAIL	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	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: Stanley Rogat STANLEY ROGAT, TREAS. APR. 18, 1995 (813) 754-1954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q97041 CP