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 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K71192 (4)

1. Corporation Name

VILLAGE LAKES SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
109 NORTH KING STREET P.O. BOX 1934 LEESBURG VA 22075	109 NORTH KING STREET P.O. BOX 1934 LEESBURG VA 22075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21 600 West Service Rd	26 P.O. BOX 16757
22 Suite, Apt. #, etc. Suite 304, PO Box 16757	27 Suite, Apt. #, etc. Dulles Airport
23 City & State Dulles Airport Washington, DC	28 City & State Washington DC
24 Zip 20041 25 County USA	29 Zip 20041 30 County USA

4. FEI Number: 59-2936251 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOXTERCAMP, DAVID E.
310 E. LAKE DRIVE
LAND O'LAKES FL 34639

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LOXTERCAMP, DAVID E.	12 NAME		
STREET ADDRESS	310 E LAKE DR	13 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KORN, RONALD L.	22 NAME		
STREET ADDRESS	RT. 1, BOX 326	23 STREET ADDRESS		
CITY-ST-ZIP	MARSHALL VA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	HAMRICK, RAYMOND J.	32 NAME	HAMRICK, RAYMOND	
STREET ADDRESS	805 W REDWOOD	33 STREET ADDRESS	Delete - Deceased	
CITY-ST-ZIP	STERLING VA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, RICHARD S.	42 NAME		
STREET ADDRESS	10010 COACH RD	43 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: David E. Loxtercamp 2/8/95 703-471-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307782 FP