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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10: 12

DOCUMENT # L81550 (0)

1. Corporation Name
TREASURE COAST COMMUNITIES, INC.

Principal Place of Business	Mailing Address
% J. WAYNE FALBEY 801 LAUREL OAK DR., SUITE 102 NAPLES FL 33963	% J. WAYNE FALBEY 801 LAUREL OAK DR., SUITE 102 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1990
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 65-0202521 ☐ 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

FALBEY, J. WAYNE
801 LAUREL OAK DRIVE, SUITE 102
NAPLES FL 33963

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	DC	1.1 TITLE	DCP	☒ Change ☐ Addition
NAME	KOSTE, B. R.	1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	AV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	JONES, M.E.	2.2 NAME	Archer, T.P.	
STREET ADDRESS	600 SABLE OAK LANE	2.3 STREET ADDRESS	801 Laurel Oak Drive, #102	
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	PD	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	DILLON, R C.	3.2 NAME	Crouch, S. L.	
STREET ADDRESS	3300 UNIVERSITY DRIVE	3.3 STREET ADDRESS	801 Laurel Oak Drive, #102	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	DT	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, R.W.	4.2 NAME	Faust, R. E.	
STREET ADDRESS	6 GATEWAY CENTER	4.3 STREET ADDRESS	801 Laurel Oak Drive, #500	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	CAMPBELL, L. R.	5.2 NAME	Falbey, J. W.	
STREET ADDRESS	3300 UNIVERSITY DR.	5.3 STREET ADDRESS	801 Laurel Oak Drive, #500	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	VS	6.1 TITLE	T	☒ Change ☐ Addition
NAME	MCGOWAN, J. P.	6.2 NAME	Walker, P. L.	
STREET ADDRESS	3300 UNIVERSITY DRIVE	6.3 STREET ADDRESS	801 Laurel Oak Drive, #102	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	Naples, FL 33963	

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: J. W. Falbey, Secretary 2/6/95 (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331410 CP