

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M11102** (4)

1. Corporation Name

THE VILLAGE AT CORAL LAKE, INC.

Principal Place of Business

4300 W. CYPRESS ST
P.O. BOX 20687
TAMPA FL 33622

Mailing Address

245 PEACHTREE CENTER AVE
SUITE 1100
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/07/1985** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-2502711** 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 5, 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **245 Peachtree Center Ave**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

22 **Ste. 1100**

27 City & State

23 **Atlanta, GA**

28 Zip

24 **30303** 25 **USA**

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SMARTT, ROBERT L
STREET ADDRESS	245 PEACHTREE CENTER AVE., SUITE 1100
CITY - ST - ZIP	ATLANTA GA
TITLE	DST
NAME	MCCULLAGH, RONALD D
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100
CITY - ST - ZIP	ATLANTA GA
TITLE	DVP
NAME	STRICKLAND, EDD M
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100
CITY - ST - ZIP	ATLANTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J. Michael Berganier	
1.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
1.4 CITY - ST - ZIP	Atlanta, GA. 30303	
2.1 TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ronald D McCullagh	
2.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
2.4 CITY - ST - ZIP	Atlanta, GA. 30303	
3.1 TITLE	DVP/IAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Deborah Y. Chandler	
3.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
3.4 CITY - ST - ZIP	Atlanta, GA. 30303	
4.1 TITLE	VP/IAS (offices only)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lamar V. Hallman	
4.3 STREET ADDRESS	245 Peachtree Center - Ave. Ste. 1100	
4.4 CITY - ST - ZIP	Atlanta, GA. 30303	
5.1 TITLE	VP/IAS (offices only)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Faye O. Harck	
5.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100	
5.4 CITY - ST - ZIP	Atlanta, GA. 30303	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, or on an attachment with an addition.

SIGNATURE: J. Michael Berganier Date: 4/4/95 4046-6365
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: J. Michael Berganier, President