FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 10 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06151 (7)

1. Corporation Name

PARK EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3800 NE SILVER SPRINGS BLVD. OCALA FL 32670	3800 NE SILVER SPRINGS BLVD. OCALA FL 34470-4987 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1984

3a. Date of Last Report: 04/08/1994

4. FEI Number: ~~X 26-7048059~~ ID # 59-2715555 ☐ Applied For ☐ Not Applicable

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):

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEWITT, MARY L
3800 N.E. SILVER SPRINGS B.VD., #7
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name: Mary B. Steddom

82 Street Address (P.O. Box Number is Not Acceptable): 1701 S. E. Fort King Ave.

83: Ocala, Florida 34471

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.

X SIGNATURE: Mary B Steddom
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PYTEL, STAN	1.2 NAME	
STREET ADDRESS	3800 NE SILVER SPRGS BLV	1.3 STREET ADDRESS	Please delete.
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	HEWITT, MARY L.	2.2 NAME	
STREET ADDRESS	3800 NE SILVER SPGS BLV	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MAIN, ROBERT	3.2 NAME	
STREET ADDRESS	3800 NW SILVER SPGS BLD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	EILBACHER, VIVIAN V.	4.2 NAME	
STREET ADDRESS	3800 NE SILVER SPRINGS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ZUCKERMAN, MARJORIE	5.2 NAME	
STREET ADDRESS	3800 NE SILVER SPGS BLD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L. Hewitt, Secretary 3/6/95 904-694-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

006147