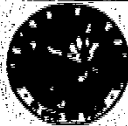


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 APR 18 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10003 (4)
1. Corporation Name
THOMAS SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
RASPANTI, USA A.
303 N.E. 6TH AVENUE
GAINESVILLE FL 32601
US C/O RASPANTI, USA A.
303 N.E. 6TH AVENUE
GAINESVILLE FL 32601
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/28/1985 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2681861 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
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

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

9. Name and Address of Current Registered Agent

RASPANTI, USA A.
303 N.E. 6TH AVENUE
GAINESVILLE FL 32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RASPANTI, USA A.
STREET ADDRESS	303 N.E. 6TH AVENUE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VPD
NAME	CARSON JR., SAMUEL O.
STREET ADDRESS	305 N.E. 6TH AVENUE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	SD PTD
NAME	PARKER, GEORGE L.
STREET ADDRESS	307 N.E. 6TH AVENUE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	George L. Parker	
1.3 STREET ADDRESS	307 N.E. 6TH AV	
1.4 CITY - ST - ZIP	GAINESVILLE, FL 32601	
2.1 TITLE	SD	☐ Change ☒ Addition
2.2 NAME	KARA CAMERON	
2.3 STREET ADDRESS	303 NE 6TH AV	
2.4 CITY - ST - ZIP	GAINESVILLE FL 32601	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 an officer 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2.6.95 404/375-0463