

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

CORPORATION ANNUAL REPORT 1995

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



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAR 13 AM 10:57

DOCUMENT # N20158 (4)
1. Corporation Name
OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O ARVIDA COMPANY/BEA WILLIAMS
7900 GLADES RD.
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1987** 3a. Date of Last Report **03/16/1994**

4. FBI Number **65-0039166** 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 Country 28 Zip Country

24 25 29 30

B. Name and Address of Current Registered Agent

**BROWN, TED R
ARVIDA COMPANY
7900 GLADES RD.
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name **BARIC, JOHN**

82 Street Address (P.O. Box Number is Not Acceptable) **ARVIDA COMPANY**

83 **7900 GLADES ROAD**

84 City **BOCA RATON** 85 Zip Code **FL 33434**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* DATE **3/8/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODORICO, PETER	1.2 NAME	
STREET ADDRESS	7900 GLADES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADINSKY, EDWARD	2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DANIEL	3.2 NAME	
STREET ADDRESS	7900 GLADES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* DATE **3/8/95** 457-479-1161