FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
1995 MAY 23 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N22446** (1)

1. Corporation Name

LAKE IN THE WOODS AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.

200001498332
-05/24/95--01069--014
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVE. MELBOURNE FL 32901-7305	C/O MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVE. MELBOURNE FL 32901-7305

3. Date Incorporated or Qualified: 09/10/1987
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2793180 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Shorewind Management	26 Shorewind Management
Suite, Apt. #, etc. 22 333 17th St., Ste.2-R	Suite, Apt. #, etc. 27 333 17th St.,Ste. 2R
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip / Country 24 32960 25 USA	Zip / Country 29 32960 30 USA

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	10. Name and Address of New Registered Agent
MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32902-1210	01 Name: Sara Rexford Shorewind Management 02 Street Address (P.O. Box Number is Not Acceptable): 333 17th Street, Suite 2R 03 04 City: Vero Beach FL 05 Zip Code: 32960

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: Sara Rexford — Sara Rexford — 5-16-95
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	TD	11 TITLE	D	☒ Change ☐ Addition
NAME	HESSEE, CLAUDE	12 NAME	HESSEE, CLAUDE	
STREET ADDRESS	209 BALLY SHANNON #502	13 STREET ADDRESS	1900 Waterford Drive	
CITY-ST-ZIP	MELBOURNE BEACH FL	14 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	S	21 TITLE	S/D	☒ Change ☒ Addition
NAME	HESSEE, PATRICIA	22 NAME	BLEYER, JULIAN	
STREET ADDRESS	209 BALLY SHANNON #502	23 STREET ADDRESS	1904 Westminster Circle, #2	
CITY-ST-ZIP	MELBOURNE BEACH FL	24 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		31 TITLE	P/D	☐ Change ☒ Addition
NAME		32 NAME	BRIGHTMAN, BRAD	
STREET ADDRESS		33 STREET ADDRESS	1965 Westminster Circle, #2	
CITY-ST-ZIP		34 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		41 TITLE	VP/D	☐ Change ☒ Addition
NAME		42 NAME	ROLLINS, BETTY	
STREET ADDRESS		43 STREET ADDRESS	1914 Westminster Circle, #4	
CITY-ST-ZIP		44 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		51 TITLE	T/D	☐ Change ☒ Addition
NAME		52 NAME	CLEM, ROBERT	
STREET ADDRESS		53 STREET ADDRESS	1904 Westminster Circle #3	
CITY-ST-ZIP		54 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		61 TITLE	TEH 5-26-95	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	**REMITTED BY MAY 1**	
CITY-ST-ZIP		64 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: Curtis R. Mosley Pres. 4/27/95 407 562-4858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004444