

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

**APPROVED
AND
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95 APR 24 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N25156 (3)
1. Corporation Name
PAGET COURT HOMES ASSOCIATION, INC.

Principal Place of Business Mailing Address
ONE TURTLE BEACH RD. VERO BEACH FL 32963

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/02/1988** 3a. Date of Last Report **04/21/1994**

4. FEI Number **65-0076943** 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

9. Name and Address of Current Registered Agent
**ROSE, MICHAEL L.
ONE TURTLE BEACH ROAD
VERO BEACH FL 32963**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDS	1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, JAMES L.	1.2 NAME	Blossom, Dudley S.
STREET ADDRESS	90 PAGET COURT	1.3 STREET ADDRESS	110 Paget Court
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAGHER, BRENDAN J	2.2 NAME	
STREET ADDRESS	10 PAGET COURT	2.3 STREET ADDRESS	Vero Beach, FL 32963
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MICHAEL L.	3.2 NAME	
STREET ADDRESS	ONE TURTLE BEACH RD.	3.3 STREET ADDRESS	Vero Beach, FL 32963
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JOHN E.	4.2 NAME	
STREET ADDRESS	1 TURTLE BCH. RD.	4.3 STREET ADDRESS	Vero Beach, FL 32963
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHL, HAL	5.2 NAME	
STREET ADDRESS	50 PAGET COURT	5.3 STREET ADDRESS	Vero Beach, FL 32963
CITY-ST-ZIP	VERO BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Laraja, Joseph
STREET ADDRESS		6.3 STREET ADDRESS	60 Paget Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, FL 32963

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)(b), Florida Statutes. I further certify that the information indicated on the 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 in an attachment with an address.

SIGNATURE:  **Michael L. Rose** 4/17/96 (407) 231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Daytime Phone #)