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 APR 27 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32413 (9)

1. Corporation Name
RECREATION FACILITIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
745 12TH AVE S. SUITE D NAPLES FL 33940 US	745 12TH AVE S. SUITE D NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0120425 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORE PROPERTY MANAGEMENT
745 12TH AVE S.
SUITE D
NAPLES FL 33940

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STP	1.1 TITLE	VP/D ☐ Change ☒ Addition
NAME	MASHUDA, VICTOR	1.2 NAME	Birk, John JONATHAN
STREET ADDRESS	4046 CRYTON RD.	1.3 STREET ADDRESS	4024 Crayton Rd
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	2.1 TITLE	T/D ☐ Change ☒ Addition
NAME	ANDERSON, JEANNE	2.2 NAME	Gagnon, Edward
STREET ADDRESS	561 PARKSHORE DR.	2.3 STREET ADDRESS	4054 Crayton Rd
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	3.1 TITLE	S/D ☐ Change ☒ Addition
NAME	BUBBA, FRANK	3.2 NAME	Walter, Mac
STREET ADDRESS	4018 CRAYTON RD.	3.3 STREET ADDRESS	4034 Crayton Rd
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	V	4.1 TITLE	JD ☐ Change ☒ Addition
NAME	DAVITT, MARGARET	4.2 NAME	Storey, Grace
STREET ADDRESS	555 PARKSHORE DR.	4.3 STREET ADDRESS	555 Parkshore Dr.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAMUS, J EANNY	5.2 NAME	
STREET ADDRESS	555 PARK SHORE DR 501	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES 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	

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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: Margaret E Davitt 4/21/95 813-262-5051
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

001643