

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:35

DOCUMENT # N33686 (9)

1. Corporation Name

QUEENS HARBOUR OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O TAYLOR WOODROW COMMUNITIES~~
~~1901 LONGMEADOW~~
~~SARASOTA FL 34235~~~~C/O TAYLOR WOODROW COMMUNITIES~~
~~1901 LONGMEADOW~~
~~SARASOTA FL 34235~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/19893a. Date of Last Report
02/16/19944. FEI Number
65-0236769Applied For
Not Applicable2. Principal Place of Business
21 3503 Fair Oaks Court2a. Mailing Address
26 7120 South Beneva Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Longboat Key, FL**28 Sarasota, FL**

Zip

Country

Zip

Country

24 34228**25****29 34238****30**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

CLAYTON, KATHRYN
C/O TAYLOR WOODROW COMMUNITIES
1901 LONGMEADOW
SARASOTA FL 34235

81 Name

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

83 **7120 South Beneva Rd.**84 City
Sarasota,**FL**

85

Zip Code
34238

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

Kathryn Clayton

03/28/95

Signature typed or printed name of registered agent and (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
PD
NAME
PESHKIN, JOHN R
STREET ADDRESS
1901 LONGMEADOW
CITY - ST - ZIP
SARASOTA FL 3423511.1 TITLE
PD
12 NAME
David T. Ivin
13 STREET ADDRESS
7120 South Beneva Rd.
14 CITY - ST - ZIP
Sarasota, FL 34238☒ Change ☐ AdditionTITLE
VPD
NAME
GLANTZ, ROBERT
STREET ADDRESS
1901 LONGMEADOW
CITY - ST - ZIP
SARASOTA FL 3423521 TITLE
VPD
22 NAME
Timothy McNeary
23 STREET ADDRESS
3503 Fair Oaks Court
24 CITY - ST - ZIP
Longboat Key, FL 34228☒ Change ☐ AdditionTITLE
STD
NAME
CLAYTON, KATHRYN
STREET ADDRESS
1901 LONGMEADOW
CITY - ST - ZIP
SARASOTA FL 3423531 TITLE
STD
32 NAME
CLAYTON, KATHRYN
33 STREET ADDRESS
1901 LONGMEADOW
34 CITY - ST - ZIP
SARASOTA, FL 34238☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

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 the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

Kathryn Clayton, Secretary/Treasurer Director 927-0999

SIGNATURE:

Kathryn Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/95

(Type in Block 9)