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 18 PM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35818 (6)

1. Corporation Name
WANDER RESIDENCES OF TIERRA VERDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1515 PINELLAS BAYWAY TIERRA VERDE FL 33714	5901 SUN BOULEVARD SUITE 203 ST. PETERSBURG FL 33715 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1989	3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-3023695	☐ 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	

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country
5901 SUN BLVD.	SUITE 203	ST. PETERSBURG, FL	33715	PINELLAS

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM
5901 SW BOULEVARD #203
5990 CENTRAL AVE SUITE 104
ST. PETERSBURG FL 33715

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	P	1.1 TITLE	☑ Change ☐ Addition P/D
NAME	SEIBERT, HANS-KARL	1.2 NAME	
STREET ADDRESS	WINGERT 18	1.3 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	353L96 GIEBEN GE	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	TIMMESFELD, DR. KARL-HEINZ	2.2 NAME	
STREET ADDRESS	1M FEDAHEN 2	2.3 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	65549 LIMBERG GE	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	T	3.1 TITLE	☑ Change ☐ Addition T/D
NAME	TIMMESFELD, DR. KARL HEINZ	3.2 NAME	LUDWIGS, HANS
STREET ADDRESS	IRMTRAUTER STR. 18	3.3 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	56479 SECK GE	3.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	DSV	4.1 TITLE	☑ Change ☐ Addition V/D
NAME	SIEGLER, ENRICH	4.2 NAME	
STREET ADDRESS	FRANKFURTER STR. 24	4.3 STREET ADDRESS	5901 Sun Blvd., #203
CITY-ST-ZIP	63150 HEUSENSTAMM GE	4.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: X _____ Hans-Karl Seibert 4/10/95 813-866-3115
SIGNATURE AND TITLE OF CHAIRMAN OR VICE CHAIRMAN OF BOARD, PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #

P95000018