

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39296 (1)
FIG TREE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **12600 HARBOUR RIDGE BLVD.
2400 SOUTH FEDERAL HWY STE 40
PALM CITY FL 34990
US**

Mailing Address: **P O BOX 2431
STUART FL 34995
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/23/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0208480	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	

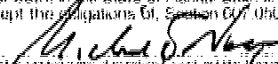
2. Principal Place of Business 21 12600 N.W. Harbour Ridge Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 12600 N.W. Harbour Ridge Blvd Suite, Apt. #, etc.
22 City & State 23 Palm City FL Zip 24 34990 Country 25 USA	27 City & State 28 Palm City, FL Zip 29 34990 Country 30 USA

9. Name and Address of Current Registered Agent
**SCHULER, JACK, C
13403 WAX MYRTLE TRAIL
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name Michael E. Neary
82 Street Address (P.O. Box Number is Not Acceptable) 12600 N.W. Harbour Ridge Blvd
83
84 City Palm City FL 85 Zip Code 34990

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  **Michael E. Neary** 3/10/95
Signature Typed or Printed Name of Registered Agent and Date of Appointment (If Registered Agent, sign separate acceptance statement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	DODGE, JOHN B.	TITLE DP	Kressler, James P. ☒ Change ☐ Addition
NAME		12 NAME	13016 Harbour Ridge Blvd.
STREET ADDRESS	13403 WAX MYRTLE TRAIL	13 STREET ADDRESS	Palm City, FL 34990
CITY, ST, ZIP	PALM CITY FL	14 CITY, ST, ZIP	
TITLE DV	BOESE, LESTER W.	TITLE DV	Shortly, John L. ☒ Change ☐ Addition
NAME		21 NAME	13018 Harbour Ridge Blvd.
STREET ADDRESS	13403 WAX MYRTLE TRAIL	22 STREET ADDRESS	Palm City, FL 34990
CITY, ST, ZIP	PALM CITY FL	23 CITY, ST, ZIP	
TITLE DST	SCHULER, JACK C.	TITLE DST	Shuter, Pamela ☒ Change ☐ Addition
NAME		31 NAME	13017 Harbour Ridge Blvd.
STREET ADDRESS	13403 WAX MYRTLE TRAIL	32 STREET ADDRESS	Palm City, FL 34990
CITY, ST, ZIP	PALM CITY FL	33 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed worthy for the exemption stated in Section 119.07(3)(b), 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 checked or on an attachment with an address.

SIGNATURE:  **James P. Kressler** 3/10/95
Signature Typed or Printed Name of Signing Officer or Director Date