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 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41400 (5)

1. Corporation Name
POST OFFICE ARCADE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~81-GW-OSCEOLA ST~~ ~~STUART FL 34994~~ 643 SE ST. LUCIE BLVD. STUART, FLA. 34996	~~81-GW-OSCEOLA ST~~ ~~STUART FL 34994~~ PO Box 1274 HIGHLANDS, NC 28741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1990
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0221350 ☐ 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
21 643 SE ST. LUCIE BLVD.	26
Suite, Apt. #, etc. 22 STUART,	Suite, Apt. #, etc. 27 PO Box 1274
City & State 23 FLA.	City & State 28 HIGHLANDS, NC
Zip 24 34996 Country 25 MARTIN	Zip 29 28741 Country 30 MACON

9. Name and Address of Current Registered Agent

JEFFERSON, JOAN
~~81-GW-OSCEOLA ST~~ 643 SE ST. LUCIE BLVD.
~~4TH FLOOR~~ STUART, FLA. 34996
~~STUART FL 34994~~

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 JOAN JEFFERSON Joan Jefferson 4-6-95
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERSON, JOAN	1.2 NAME		
STREET ADDRESS	31 S. W. OSCEOLA ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERSON, PETER A.	2.2 NAME		
STREET ADDRESS	31 S. W. OSCEOLA ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	MACMILLAN, ANN S.	3.2 NAME		
STREET ADDRESS	201 S.E. HARBOUR PT. DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	MACMILLAN, DAVID M.	4.2 NAME		
STREET ADDRESS	201 S.E. HARBOUR PT. DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
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.

(407 286-8785

SIGNATURE: Joan Jefferson 4-6-95 (704)526-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000087