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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:32

DOCUMENT # N46948 (8)

1. Corporation Name
SPANISH TRAIL MANOR, INC.

Principal Place of Business
713 Oriole Lane
~~758 PERIMETER PARK CIR~~
ST AUGUSTINE FL 32095

Mailing Address
713 Oriole Lane
~~758 PERIMETER PARK CIR~~
ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3197964 ☐ 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
21 713 Oriole Lane	26 713 Oriole Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Augustine Fla.	28 City & State: St. Augustine Fla.
24 Zip: 32095 25 Country: St John	29 Zip: 32095 30 Country: St. John's

9. Name and Address of Current Registered Agent

~~MEYER, JEANNE E~~
~~758 PERIMETER PARK CIR~~
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name: PENNEY, Arlene L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 713 Oriole Lane
84 City: St. Augustine FL 85 Zip Code: 32095

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: ARLENE L. PENNEY Arlene L. Penney 2/02/95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, DON	1.2 NAME		
STREET ADDRESS	904 PERIMETER PARK CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32095	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	DANNENBERG, TEC	2.2 NAME		
STREET ADDRESS	795 PERIMETER PARK CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MEYER, JEANNE E	3.2 NAME	PENNEY, ARIENE L.	
STREET ADDRESS	758 PERIMETER PARK CIR	3.3 STREET ADDRESS	713 Oriole Lane	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	St. Augustine Fla 32095	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CONKLIN, EDITH	4.2 NAME	ANNE HICKEY	
STREET ADDRESS	708 ORIOLE LN	4.3 STREET ADDRESS	710 Oriole Lane	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	St. Augustine Fla 32095	
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: ARLENE L. PENNEY Arlene L. Penney 2/02/95 904-825-6713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023016