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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N48523 (7)

1. Corporation Name
OCEAN TRAIL VI BENEVOLENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
	c/o FRED M. PHELAN, Esq. 725 N. A.I.A. Suite 108A Jupiter, Florida 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0326814 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o FRED M PHELAN, ESQ	26 c/o FRED M PHELAN, Esq
Suite, Apt. #, etc. 22 725 N A1A SUITE 108A	Suite, Apt. #, etc. 27 725 N A1A SUITE 108A
City & State 23 JUPITER FLORIDA	City & State 28 JUPITER FLORIDA
Zip 24 33477 Country 25 USA	Zip 29 33477 Country 30 USA

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
SQUIRES, GLENN 500 OCEAN TRAIL WAY UNIT 111 JUPITER FL 33477	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEVIZOS, JOHN P	1.2 NAME	
STREET ADDRESS	400 OCEAN TRAIL WAY, #810	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	SQUIRES, GLENN	2.2 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY, #111	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	GOULD, LOREN	3.2 NAME	
STREET ADDRESS	500 OCEAN TRAIL WAY, #608	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, RONALD	4.2 NAME	
STREET ADDRESS	400 OCEAN TRAIL WAY, #607	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER 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.

SIGNATURE: John P. Alevizos JOHN P. ALEVIZOS July 3, 1995 (407) 575-4030
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0019914