FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000000444 (0)

T & M RANCH COMMUNITY, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
9601 SW FOX	9601 SW FOX BROWN ROA	V EOV RROWN ROAD		6. Data ta assessment of Contiffed	
INDIANTOWN FL 34956		INDIANTOWN FL 34956			3. Date Incorporated or Qualified 02/02/1993
					4. FEI Number Applied For
					65-0378070 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			© 75 Additional
21		26			5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		28	Zip Country		☐ Yes No
24	25	⊢ ¬ ′ ⊢	30	ı y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren		1		10. Name and Address of New Registered Agent
			81	1 Name)
PADGETT, SUSAN W				2 Street	t Address (P.O. Box Number is Not Acceptable)
I .	9601 SW FOX BROWN ROAD			c Ollect	Address (1.0. Dox Natificer to Not Acceptable)
INDIANTOWN FL 34956			83	3	
		•	84	4 City	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE_					
12.	Stgnature, typed or printed name of registered ager OFFICERS AND		Hegistered Ag	gent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ASAD	DELETE	1.1 TITLE		Change Addition
NAME	PADGETT, SUSAN W		1.2 NAME		
STREET ADDRESS	10510 SE JUPITER NAROWS	DRIVE	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-	ST-ZIP	
TITLE	ATD	DELETE	2.1 TITLE		Change Addition
NAME	taylor, William J			:	
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	- I not to	2. 4 CITY		
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	BLOCK, CAROL T		3.2 NAME		
STREET ADORESS	179 RIVER DRIVE TEQUESTA FL			T ADDRESS	
CITY-ST-ZIP TITLE	PD	☐ DELETE	3.4. CITY - 4.1 TITLE		Change Addition
NAME	EDWARDS, HENRY D	<u> </u>	4. 2 NAME		
STREET ADDRESS	2465 SE GOWIN DRIVE			T ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-		
TITLE	SD	DELETE	5.1 TITLE		Change Addition
NAME	CLOUSE, DEB		5.2 NAME		
Street address	94 CLAYTON DRIVE		5.3 STREE	T ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH		5.4 CITY-	ST-ZIP	
TITLE	VPD	L_I DELETE	6.1 TITLE		Change Addition
NAME	LEWIS, TOM		6.2 NAME		
STREET ADORESS	11246 RIVERWOOD PLACE			T ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	th this filing does not qualify for	6.4 CITY-		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated i	on this annual report or supplemental	l annual report is true and accur	ate and th	nat my sig	gnature 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.					