

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90107 012 ****61.25

DOCUMENT # N93000000444

1. Corporation Name

T & M RANCH COMMUNITY, INC.

Principal Place of Business

9601 SW FOX BROWN ROAD
INDIANTOWN FL 34956

Mailing Address

9601 SW FOX BROWN ROAD
INDIANTOWN FL 34956



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26		02/02/1993	
City & State		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0378070	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PADGETT, SUSAN W 9601 SW FOX BROWN ROAD INDIANTOWN FL 34956				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ASAD PADGETT, SUSAN W 10510 SE JUPITER NAROWS DRIVE HOBE SOUND FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ATD TAYLOR, WILLIAM J 1 BAYVIEW COURT TEQUESTA FL	<input type="checkbox"/> DELETE	1.2 NAME	
TD BLOCK, CAROL T 179 RIVER DRIVE TEQUESTA FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
PD EDWARDS, HENRY D 2465 SE GOWIN DRIVE PORT ST LUCIE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
SD CLOUSE, DEB 94 CLAYTON DRIVE WORTHINGTON OH	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD LEWIS, TOM 11246 RIVERWOOD PLACE NORTH PALM BEACH FL	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	SD Clouse, Debra
		5.3 STREET ADDRESS	2999 Hidden Oak Drive
		5.4 CITY-ST-ZIP	John's Island, S.C. 29455
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Susan W. Padgett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

561-597-2315
Daytime Phone #

CR2E037 (11/98)