FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
BIVIA RANCH SHORES OWNERS ASSOCIATION INC

DOCUMENT #
N98000000895

100002435521--5

Mailing Address
5937 OAKMONT DRIVE
LAKE WALES FL 33853

Principal Place of Business
5937 OAKMONT DRIVE
LAKE WALES FL 33853

If above addresses are incorrect in any way, write through & correct information and make corrections below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated 1991
3a. Date of Last Report 06/15/1993

2. Mailing Address
21
2a. Principal Place of Business
26

4. FEI Number 59-2378979
Applied For
Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Check [redacted] Amendment
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State
23
City & State
28

7. If Amount Exceeds $1,875 Supplement Fee ☐

Zip 24 Country 25 Zip 29 Country 30

8. This corporation has activity for calendar year 1993. Form 1120 Federal Income Tax Return ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BAILEY, FLORENCE P.
5937 OAKMONT DR
LAKE WALES FL 33853

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 617.0501 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to any of the corporation's business addresses on file with the Division of Corporations. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent. I further agree to comply with the provisions of all statutes relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as set forth in Chapter 607 and/or 617 of the Florida Statutes.

SIGNATURE Florence P. Bailey DATE 3-30-94
(Registered Agent Accepting Appointment - Signature Must Be Identical to Name Above)

12. OFFICERS AND DIRECTORS

11 TITLE	V
12 NAME	SHIREY, JEREMIAH E.
13 STREET ADDRESS	5555 COLUMBIA CIR
14 CITY ST ZIP	LAKE WALES FL
21 TITLE	D
22 NAME	MILLER, AUVERGENE
23 STREET ADDRESS	5930 OAKMONT DR
24 CITY ST ZIP	LAKE WALES FL
31 TITLE	T
32 NAME	BAILEY, FLORENCE
33 STREET ADDRESS	5937 OAKMONT DR
34 CITY ST ZIP	LAKE WALES FL
41 TITLE	D
42 NAME	RILEY, IVAN
43 STREET ADDRESS	5568 CANTERBURY DR
44 CITY ST ZIP	LAKE WALES FL
51 TITLE	D/P
52 NAME	WEEKS, LLOYD
53 STREET ADDRESS	5540 CANTERBURY DR
54 CITY ST ZIP	LAKE WALES FL
61 TITLE	S
62 NAME	WEEKS, BETTY
63 STREET ADDRESS	5540 CANTERBURY DR
64 CITY ST ZIP	LAKE WALES FL

13. CHANGES TO OFFICERS AND DIRECTORS (Attach)

Pres.
Shirey, Jeremiah E.
5555 Columbia Circle
Lk. Wales, Fl.

V.Pres. Campbell, Virginia
5919 Canterbury Dr
Lake Wales, Fl.

Sec. Crawford, Ruth
5925 Canterbury Dr.
Lake Wales, Fl.

Trea. Bailey, Florence
5937 Oakmont Dr.
Lake, Wales, Fl.

Dir. Weeks, Lloyd
5540 Canterbury Rd.
Lake Wales, Fl

Dir. Crawford, Robert
5925 Canterbury Rd.
Lake Wales, Fl.

Dir. Miller, Robert
5930 Oakmont Dr.
Lake Wales, Fl.

14. I do hereby certify that the information supplied with this report is accurate, and that I am familiar with the provisions of Chapter 607 and/or 617 of the Florida Statutes, the rules of the Division of Corporations from time to time, and the corporate records of the corporation. I further certify that the information indicated on this annual report or supplemental report is true and accurate as of the date of my signature below. I further certify that the corporation has complied with all requirements pertaining to annual reports as provided by Chapter 607 and/or 617 of the Florida Statutes. I further certify that I have fulfilled all obligations pertaining to payment of ad valorem taxes as provided by Chapter 607 and/or 617 of the Florida Statutes. I further certify that I am a duly elected officer or director of the corporation or a person authorized to execute this report as required by Chapter 607 and/or 617 of the Florida Statutes, and that my name appears below or on an attachment with an asterisk.

SIGNATURE: Florence P. Bailey 3-30-94 813-692-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR