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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P14229**

(9)

1. Corporation Name

TC RESIDENTIAL SOUTH FLORIDA, INC.

Principal Place of Business

**6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487**

Mailing Address

**6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487-2810**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1987		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 75-2162005		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FISH, DEBORAH L.
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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

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	AS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, DEBORAH	12 NAME	
STREET ADDRESS	6400 CONGRESS	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BRAD	22 NAME	
STREET ADDRESS	6400 CONGRESS	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, CHRIS	32 NAME	
STREET ADDRESS	6400 CONGRESS AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, RANDY	42 NAME	VP
STREET ADDRESS	717 N HARWOOD	43 STREET ADDRESS	Iglehart, Greg
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	6400 Congress Ave
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	Boca Raton, FL 33487
NAME	CROW, HARLAN	52 NAME	
STREET ADDRESS	2001 ROSS AVE., #3500	53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	54 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERWILLIGER, RONALD	62 NAME	
STREET ADDRESS	2859 PACES FERRY	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Fish, Assistant Secretary

4/16/97

Date

561/997-9700

Daytime Phone #

CR2E034 (9/96)