

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023551 (3)

1. Corporation Name

BARON PROPERTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**2033 MAIN STREET
SUITE 400
SARASOTA FL 34237**

3. Date Incorporated or Qualified **03/30/1993** 3a. Date of Last Report **05/17/1994**

2. Principal Place of Business 2a. Mailing Address
21 **22**

4. FEI Number **65-0399023** Applied For ☐ Not Applicable ☐

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country Zip Country
24 **25** **29** **30**

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

**HANKIN, LAWRENCE M
2033 MAIN STREET, SUITE 400
SARASOTA FL 34237**

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 of Registered Agent or Officer/Secretary)

(Signature of Registered Agent or Officer/Secretary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME **P**
OHMAN, NELSON P
STREET ADDRESS **2033 MAIN STREET / STE - 400**
CITY & STATE **SARASOTA FL**
NAME **S**
HAUSNER, PETER
STREET ADDRESS **2033 MAIN STREET / STE - 400**
CITY & STATE **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of this corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing as an officer or director.

SIGNATURE:

(Signature of Nelson P. Ohman)

Nelson P. Ohman President

2/24/95 813 951-1007