FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020923 (6)

1. Corporation Name
THE GAUNTLET AT PALISADES, INC.

Principal Place of Business	Mailing Address
%ST. JAMES PLANTATION HIGHWAY #211, P.O. BOX 10040 SOUTHPORT NC 28461	%ST. JAMES PLANTATION HIGHWAY #211, P.O. BOX 10040 SOUTHPORT NC 28461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 16510 PALISADES
Suite, Apt. #, etc. (22):
City & State (23): CLERMONT, FL
Zip (24): 34711 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 74-2701744 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SOBERING GRAY & WHITE P.A.
201 S. ORANGE AVE.
SUITE 760
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JEFFERSON, ALLEN F	12 NAME	
STREET ADDRESS	P.O. BOX 10040 (N/A)	13 STREET ADDRESS	
CITY ST ZIP	SOUTHPORT NC 28461	14 CITY ST ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	KRAUMANIS, SVEN	22 NAME	
STREET ADDRESS	P.O. BOX 10040 (N/A)	23 STREET ADDRESS	12444 POWERSCOURT, # 284
CITY ST ZIP	SOUTHPORT NC 28461	24 CITY ST ZIP	ST LOUIS, MO 63131
TITLE		31 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME		32 NAME	GARY NACHT
STREET ADDRESS		33 STREET ADDRESS	12444 POWERSCOURT DR, SUITE 284
CITY ST ZIP		34 CITY ST ZIP	ST. LOUIS MO 63131
TITLE		41 TITLE	SECRETARY ☐ Change ☑ Addition
NAME		42 NAME	KRAUMANIS, SVEN
STREET ADDRESS		43 STREET ADDRESS	12444 POWERSCOURT, # 284
CITY ST ZIP		44 CITY ST ZIP	ST LOUIS, MO 63131
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: GARY NACHT 5/1/95 (314) 965-8787
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0486810 FN