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 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S83596** **(4)**

1. Corporation Name

ST. MARK'S AT LAKE LUCAS HOMEOWNER'S ASSOCIATION , INC.

Principal Place of Business	Mailing Address
108 E. COLLEGE AVENUE SUITE 1200 TALLAHASSEE FL 32301 US	108 E. COLLEGE AVENUE SUITE 1200 TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 101 North Monroe Street	26 101 North Monroe Street
Suite, Apt. #, etc. 22 Suite 1060	Suite, Apt. #, etc. 27 Suite 1060
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32301 / 25 Leon	Zip / Country 29 32301 / 30 Leon

4. FEI Number: 59-3091491 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, J. L 108 E. COLLEGE AVENUE SUITE 1200 TALLAHASSEE FL 32405	81 Name: Henderson, C. Earl 82 Street Address (P.O. Box Number is Not Acceptable): 101 North Monroe Street, Suite 1060 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: C Earl Henderson — C Earl Henderson — 4/29/95
(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	D	11 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, RONALD C.	12 NAME	Johnson, Ronald C.	
STREET ADDRESS	1820 ATLANTIS PL	13 STREET ADDRESS	Route 3, Box 4088	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Havana, FL 32333	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	LAMONICA, DONALD F.	22 NAME	Graham, Benjanim E.	
STREET ADDRESS	P.O. BOX 10342, N/A	23 STREET ADDRESS	2400 Ashland Road	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Panama City, FL	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	WILLIAMS, J. LARRY	32 NAME	Henderson, C. Earl	
STREET ADDRESS	108 E. COLLEGE AVE., STE. 1200	33 STREET ADDRESS	101 North Monroe St., Suite 1060	
CITY-ST-ZIP	TALLAHASSEE, FL	34 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
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 on an attachment with an address.

SIGNATURE: C Earl Henderson — C Earl Henderson — 4/29/95 — 904/224-6199
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0009616 CP