

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S85676 (2)**

1. Corporation Name

**ATLANTIC GULF COMMUNITIES SERVICE CORPORATION**

Principal Place of Business

Mailing Address

**LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-2461**

**LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-2461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1991**

3a. Date of Last Report

**04/29/1994**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number

**65-0293788**

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 § 190.032  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H  
LEGAL DEPT. 9 FL  
2601 S BAYSHORE DR  
MIAMI FL 33133**

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 date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
JEFFREY, THOMAS W.  
2601 S. BAYSHORE DRIVE  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VS  
LANGLEY, MARCIA H.  
2601 S. BAYSHORE DRIVE  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VT  
FISCHER, JOHN H.  
2601 S. BAYSHORE DRIVE  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DVC  
MIKESH, LINDA A  
2601 S. BAYSHORE DRIVE  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
KLEINERMAN, PETER S.  
2601 S. BAYSHORE DRIVE  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition  
**700001472267  
-05/03/95--01008--001  
\*\*\*7800.00 \*\*\*\*200.00**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☒ Addition  
**DVAS  
Julio J. Gonzalez  
2601 S. Bayshore Drive  
Miami, FL 33133**

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 110.07(3)(k), 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 this 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

**Marcia H. Langley**

**4/25/95**

**(305) 859-4000**