

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V07033** (6)
1. Corporation Name
SPINNAKER REALTY OF THE TREASURE COAST, INC.

Principal Place of Business 703 17TH STREET VERO BEACH FL 32960	Mailing Address 703 17TH STREET VERO BEACH FL 32960-6219
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2. Principal Place of Business 21 1162 S. US1 Suite, Apt. #, etc. 22 City & State 23 Vero Beach FL Zip 24 32962 Country 25 USA		2a. Mailing Address 26 1162 S. US1 Suite, Apt. #, etc. 27 City & State 28 Vero Beach FL Zip 29 32962 Country 30 USA		3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 04/17/1996
				4. FET Number 65-0348243	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 HERRING, MARK C. 703-17TH STREET VERO BEACH FL 32960 <i>Address Change only</i>		10. Name and Address of New Registered Agent			

81 Name Mark C. Herring
82 Street Address (P.O. Box Number is Not Acceptable) 1162 S. US1
83
84 City Vero Beach
85 Zip Code FL 32962

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 print of name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HERRING, MARK C.		1.2 NAME	James Adams	
STREET ADDRESS	703 17TH STREET		1.3 STREET ADDRESS	1162 S. US1	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	Vero Beach FL 32962	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	OWEN, STEVEN C.		2.2 NAME	Paul Adams	
STREET ADDRESS	703 17TH ST.		2.3 STREET ADDRESS	1162 S. US1	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Vero Beach FL 32962	
TITLE	STD	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BOWRON, GREGG D.		3.2 NAME	Mark C. Herring	
STREET ADDRESS	703 17TH STREET		3.3 STREET ADDRESS	1162 S. US1	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach FL 32962	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 _____ DATE **3/16/97** BY **SPINNAKER**

CR2E034 (9/96)