

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



DOCUMENT # 716316 (5)

THE SPINDRIFT CLUB OF NAPLES, INC.

716316  
1995

APR 15

STATE OF FLORIDA

2600 GULF SHORE BLVD  
NAPLES FL 33940

2600 GULF SHORE BLVD  
NAPLES FL 33940

3. Date of Incorporation 04/03/1969 3a. Date of Last Report 05/01/1994

4. Fiscal Year 59-1292208

Appointed For  
First Appointment

21 Please change both above to 2600 Gulf Shore Blvd. North  
22  
23  
24

5. Number of Minutes Reported \$8.75 Additional Fee Required  
6. Estimated Total Amount Due \$5.00 May Be Added to Fees  
7. Nonprofit with 990-B Form Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. Has corporation been audited by a Certified Public Accountant (CPA) or other qualified person?  Yes  No

9. Name and Address of Current Registered Agent

HOFFMAN, D S  
2600 GULF SHORE BLVD. N.  
NAPLES FL 33940

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address - P.O. Box Number - Not Acceptable  
B3  
B4 City  
B5 State FL

11. I, the undersigned, being the president of the corporation named above, hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE

12. OFFICERS AND DIRECTORS

|    |                     |
|----|---------------------|
| DP | E, TEN EYCK         |
| DV | ALEXANDER, BERTHA K |
| SD | HOFFMAN, D S        |
| D  | CONNOR, WINSTON     |
| DV | ROSOW, GERALD       |
| DT | RUDEBUSCH, FRITZ E. |

13. CORRECTIONS

|                 |                         |
|-----------------|-------------------------|
| Correction      | Edward H. Ten Eyck, Jr. |
| 2ndV Correction | Not a director          |
| D/T             | Mark Shipper            |
| O/AS            | Dorothy Crawford        |

14. I, the undersigned, being the president of the corporation named above, hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: Mark S. Schipper TREASURER

4/28/95 (813) 262-1874

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

FLORIDA SPORTSMANSHIP COMMISSION

1995



APPROVED  
FEE

DOCUMENT # 716330

(6)

MIAMI SPORTFISHING CLUB, INC.

APR 21 1995  
MIAMI, FLORIDA

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| 1711 W 38TH PLACE<br>UNIT #1104<br>HIALEAH FL 33012-7033 |                                 | 1711 W 38TH PLACE<br>UNIT #1104<br>HIALEAH FL 33012-7033   |  | 3. Date of Incorporation<br><b>04/07/1969</b> | 3a. Date of Last Report<br><b>01/20/1994</b> |
| 2. Filing Agency<br><b>21</b>                            | 2a. Mailing Agency<br><b>26</b> | 4. License Number<br><b>23-7287415</b>   | Applied For<br>Fish Application              |   |  |
| 22   | 27                              | 5. Certificate of Status Issued  | <b>\$8.75 Additional Fee Required</b>        |   |  |
| 23   | 28                              | 6. Licensee's Current Status (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/>                                    | <b>\$5.00 May Be Added to Fees</b>           |   |  |
| 24   | 25                              | 7. Nonprofit with 48-hour notice for every 30 days   | <b>\$68.75 Supplemental Fee Not Required</b> |   |  |
|  |                                 | 8. This corporation has liability for motor vehicle license fee (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> |  |   |  |

|   |   |  |  |  |             |
|---|---|--|--|--|-------------|
| 9. Name and Address of Current Registered Agent<br><b>RECH, TOM<br/>246 WESTWARD DR.<br/>MIAMI SPRINGS FL 33166</b> |   |  |  | 10. Name and Address of New Registered Agent |             |
| B1  | Name  |  |  |  |             |
| B2  | Address (P.O. Box Number is Not Acceptable) |  |  |  |             |
| B3  |   |  |  |  |             |
| B4  | City  |  |  |  |             |
|   | <b>FL</b>                                   |  |  |  | B5 Zip Code |

11. I, the undersigned, as authorized representative of the Florida Statutes, the above named corporation submit the statement for the purpose of changing its registered office as required by part 1 of the Florida Statutes and the same was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am authorized to accept this appointment as required by the Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                       | 13. OFFICERS AND DIRECTORS  |
|--|---|
| NAME: PD WESTERMAN, FRANK<br>7820 W. 14TH AVE<br>HIALEAH FL      | NAME: D President + Dir PD<br>Jim Hobales<br>7900 NW 74th Terrace<br>Hialeah FL                     |
| NAME: VD HOBALES, JIM<br>7900 N.W. 74TH TERR.<br>HIALEAH FL      | NAME: D Vice President + D VD<br>Dean Panos<br>1911 NW 10th Terrace<br>Pembroke Lakes FL            |
| NAME: SD PANOS, DEAN<br>1911 N.W. 10TH TERR<br>PEMBROKE LAKES FL | NAME: D Secretary + D SD<br>Joey Tertelbaum<br>102 Emerald Key Lane<br>Palm Beach Gardens, FL 33418 |
| NAME: TD LILLARD, DOUG<br>4155 S.W. 67TH AVE.<br>DAVIE FL        | NAME: D Treasurer + D TD<br>Jim Kosinski<br>910 Falcon Avenue<br>Miami Spg FL 33166                 |
| NAME:  | NAME:   |
| NAME:  | NAME:   |
| NAME:  | NAME:   |
| NAME:  | NAME:   |
| NAME:  | NAME:   |
| NAME:  | NAME:   |

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes. I am authorized to accept this appointment as required by the Florida Statutes and that my name is on the list of officers and directors of the corporation.

SIGNATURE: *James A Kosinski* Treasurer 2/23/95 305 891-9850  
2nd 6245

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00<sup>00</sup>**

ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION  
TALLAHASSEE, FLORIDA

APPROVED  
1995

DOCUMENT # **716435** (3)

**PLANTATION ROYAL SECTION TWO CONDOMINIUM ASSOCIATION INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                    |  |                     |  |   |  |   |  |
|------------------------------------|--|---------------------|--|---|--|---|--|
| 2. Date of Report (Month/Day/Year) |  | 2a. Mailing Address |  | 3. Date of Incorporation (Month/Day/Year)   |  | 3a. Date of Last Report   |  |
| 21                                 |  | 26                  |  | 04/24/1969  |  | 04/15/1994  |  |
| 22                                 |  | 27                  |  | 4. FFI Number   |  | Applied For / Not Applicable  |  |
| 23                                 |  | 28                  |  | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required                                      |  |
| 24                                 |  | 29                  |  | 6. Has been approved as a corporation?  |  | \$5.00 May Be Added to Fees   |  |
| 25                                 |  | 30                  |  | 7. Nonprofit with IRS Status as Tax Exempt Status   |  | \$68.75 Supplemental Fee Not Required                               |  |
|                                    |  |                     |  | 8. Does corporation have liability for intangible tax under S. 190.042, Florida Statutes? |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
| CROMLISH, GEORGE W.<br>6921 CYPRESS ROAD<br>PLANTATION FL 33317 |  |  |  | B1. Name   |  |  |  |
|   |  |  |  | B2. Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | B3.  |  |  |  |
|   |  |  |  | B4. City   |  |  |  |
|   |  |  |  | FL   |  |  |  |
|   |  |  |  | B5. Zip Code   |  |  |  |

11. I warrant to the payment of tax, fees, and penalties under Florida Statutes. The officer named corporation submitted this statement for the purpose of changing its registered office or registered agent, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation.

SIGNATURE

|          |   |             |  |
|----------|---|-------------|--|
| 12. NAME | PD<br>CROMLISH, GEORGE W<br>6921 CYPRESS RD.<br>PLANTATION FL 33317 | 13. ADDRESS |  |
| NAME     | VD<br>HONSINGER, MAX<br>6923 CYPRESS RD.<br>PLANTATION FL 33317     | ADDRESS     |  |
| NAME     | SD<br>KUHN, GENEVA<br>6923 CYPRESS RD.<br>PLANTATION FL 33317       | ADDRESS     |  |
| NAME     | TD<br>COHEN, DOROTHY<br>6921 CYPRESS RD.<br>PLANTATION FL 33317     | ADDRESS     |  |
| NAME     | D<br>THOMAS, PARRY<br>6923 CYPRESS RD<br>PLANTATION FL              | ADDRESS     |  |
| NAME     | D<br>JENNER, FRANCIS<br>6921 CYPRESS RD<br>PLANTATION FL            | ADDRESS     |  |

14. I warrant to the payment of tax, fees, and penalties under Florida Statutes. The officer named corporation submitted this statement for the purpose of changing its registered office or registered agent, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation, and that the officer is not a director or officer of the corporation.

SIGNATURE: *George W. Cromlish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

1995



DOCUMENT # **716465** (0)

**BLOOMINGDALE LITTLE LEAGUE, INC.**

APR 29 1995

REGISTERED OFFICE  
TALLAHASSEE, FLORIDA

|  |  |   |  |  |  |                         |  |
|--|--|---|--|--|--|-------------------------|--|
| 2. Filing Office   |  | 2a. Filing Office                                     |  | 3. Date of Incorporation                                       |  | 3a. Date of Last Report |  |
| BLOOMINGDALE AVE<br>P.O. BOX 9<br>BRANDON FL 33509-0009  |  | BLOOMINGDALE AVE<br>PO BOX 9<br>BRANDON FL 33509-0009 |  | 04/29/1969   |  | 08/16/1994              |  |
| 4. Filing Number   |  |   |  | 5. Certificate of Status (Amend)                               |  |                         |  |
| 59-2653049   |  |   |  | <input type="checkbox"/> \$8.75 Additional Fee Required        |  |                         |  |
| 6. Certificate of Incorporation (Amend)  |  |   |  | <input type="checkbox"/> \$5.00 May Be Added to Fees           |  |                         |  |
| 7. Incorporation with D.P.S. Records   |  |   |  | <input type="checkbox"/> \$68.75 Supplemental Fee Not Required |  |                         |  |
| 8. This corporation has adopted, for adoption for section 13.100(1)(b) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |  |  |                         |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
| BERRY, ALLAN<br>3726 MURRAY DALE DR<br>VALRICO FL 33594 |  |  |  | B1. Name   |  |  |  |
|   |  |  |  | B2. Street Address (P.O. Box Number is Not Applicable) |  |  |  |
|   |  |  |  | B3. City   |  |  |  |
|   |  |  |  | B4. State <b>FL</b> B5. Zip Code                       |  |  |  |

11. I, the undersigned, the president of the corporation, certify that the above information is true and correct for the purpose of changing its registered office as provided in section 13.100(1)(b), Florida Statutes. This statement is made for the purpose of changing its registered office and is not intended to constitute a representation of the corporation or its officers, directors, or agents, except for the purpose of changing its registered office as provided in section 13.100(1)(b), Florida Statutes.

SIGNATURE: *Jimmy J. Foley* DATE: 4/22/95

| 12. OFFICERS AND DIRECTORS  | 13. ADDRESSES  |
|---|--|
| DP<br>BERRY, ALLAN<br>3726 MURRAY DALE DR<br>VALRICO FL<br><br>VD<br>CROSSLAND TOM<br>3827 HANOVER HILL DR.<br>VALRICO FL 33594<br><br>TD<br>SMITHERS JOHN<br>1020 HOLLYBERRY CT.<br>BRANDON FL 33511 | TD<br>Foley, VERRY<br>2210 GLEN MIST DRIVE<br>VALRICO, FLORIDA 33594 |

14. I, the undersigned, certify that the information appearing on this filing is true and correct, and I am qualified to file this corporation's report of incorporation, and that the corporation has adopted, for adoption for section 13.100(1)(b) Florida Statutes, and that the corporation has adopted, for adoption for section 13.100(1)(b) Florida Statutes, and that the corporation has adopted, for adoption for section 13.100(1)(b) Florida Statutes, and that the corporation has adopted, for adoption for section 13.100(1)(b) Florida Statutes.

SIGNATURE: *Jimmy J. Foley* DATE: 4/22/95 813-689-2622

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

INCORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

5-11-1995 11:14

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **716532 (7)**

THE MARINA MANOR II CONDOMINIUM ASSOCIATIO OF NAPLES, INC.

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. Name of Corporation                                  |  | 2. Mailing Address                                     |  | 3. Date incorporated (or changed)  |  | 3a. Date of Last Report   |  |
| OF NAPLES INC<br>1100 8TH AVE. SOUTH<br>NAPLES FL 33940 |  | OF NAPLES INC<br>1100 8TH AVE SOUTH<br>NAPLES FL 33940 |  | 05/08/1969   |  | 04/29/1994  |  |
| 21. State of Incorporation                              |  | 22. State of Mailing Address                           |  | 4. Filing Number   |  | Applied Fee   |  |
| FL  |  | FL   |  | 59-1275595   |  | Not Applicable  |  |
| 23. City or County                                      |  | 24. City or County                                     |  | 5. Certificate of Status Desired   |  | \$8.75 Additional Fee Required                                      |  |
| NAPLES  |  | NAPLES   |  | <input type="checkbox"/>   |  | <input type="checkbox"/>  |  |
| 25. State of Office                                     |  | 26. State of Office                                    |  | 6. Director (Proprietor) (or) Agent (Agent) (or) Secretary                             |  | \$5.00 May Be Added to Fees   |  |
| FL  |  | FL   |  | <input type="checkbox"/>   |  | <input type="checkbox"/>  |  |
| 27. City or County                                      |  | 28. City or County                                     |  | 7. Agreement with DRS for Public Tax Service Status                                    |  | \$68.75 Supplemental Fee Not Required                               |  |
| NAPLES  |  | NAPLES   |  | <input type="checkbox"/>   |  | <input type="checkbox"/>  |  |
| 29. City or County                                      |  | 30. City or County                                     |  | 8. This corporation has liability for intangible tax under § 199.042 Florida Statutes. |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| NAPLES  |  | NAPLES   |  |  |  |   |  |

|  |    |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |
|--|----|--|--|---|--|--|--|----------|--|--|--|--------------------|--|-----------|----|--------------|--|
| 9. Name and Address of Current Registered Agent        |    |  |  | 10. Name and Address of New Registered Agent  |  |  |  |          |  |  |  |                    |  |           |    |              |  |
| EDGAR, BARBARA<br>6101 14TH AVE SW<br>NAPLES FL 33999  |    |  |  | <table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number or Not Applicable)</td> <td></td> </tr> <tr> <td>83. City or County</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table> |  |  |  | 81. Name |  | 82. Street Address (P.O. Box Number or Not Applicable) |  | 83. City or County |  | 84. State | FL | 85. Zip Code |  |
| 81. Name   |    |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |
| 82. Street Address (P.O. Box Number or Not Applicable) |    |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |
| 83. City or County                                     |    |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |
| 84. State  | FL |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |
| 85. Zip Code   |    |  |  |   |  |  |  |          |  |  |  |                    |  |           |    |              |  |

|                                     |   |  |  |
|-------------------------------------|---|--|--|
| 12. DIRECTORS, OFFICERS, AND AGENTS |   | 13. ADDITIONAL DIRECTORS, OFFICERS, AND AGENTS |  |
| NAME                                | D<br>WALKER, ROBERT<br>1100 8TH AVE S, #228H<br>NAPLES FL   | NAME   | D<br>PAPANICOLAOU, JOHN<br>186 MANVILLE ROAD<br>PLEASANTVILLE NY 10570 |
| NAME                                | <del>D</del><br><del>STEINER, ROBERT</del><br><del>1100 8TH AVE S 227 H</del><br><del>NAPLES FL</del> | NAME   | STD<br>WILLIAMS, JEAN<br>P O BOX 1673<br>NAPLES FL 33939               |
| NAME                                | PD<br>HUSTON, CHARLES<br>1100 8TH AVE S #123F<br>NAPLES FL  | NAME   |  |
| NAME                                | VPD<br>OKEY, PAUL<br>1100 8TH AVE. S. #324-F<br>NAPLES FL   | NAME   |  |
| NAME                                | <del>D</del><br><del>DST</del><br><del>3215 GULF SHORE BLVD-N-208-</del><br><del>NAPLES-FL</del>      | NAME   |  |

14. SIGNATURE OF OFFICER OR DIRECTOR: *[Signature]* R. WALKER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: R. WALKER  
 ADDRESS: 1100 8TH AVE S, #228H, NAPLES FL 33940  
 DATE: 5-11-95

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



DOCUMENT # 716894

(1)

SHORE VILLAS MANAGEMENT, INC.

PROPERTY CORPORATE  
TALLAHASSEE, FLORIDA

|  |                      |  |                      |  |                                      |
|--|----------------------|--|----------------------|--|--------------------------------------|
| 2a Mailing Address<br>4495 S ATLANTIC AVE<br>NEW SMYRNA BEACH FL 32169 |                      | 2b Mailing Address<br>4495 S ATLANTIC AVE<br>NEW SMYRNA BEACH FL 32169 |                      | 3a Date of Incorporation<br>07/18/1969 | 3b Date of Last Report<br>03/08/1994 |
| 2c Filing Agent #  | 2d Filing Agent Name | 2e Filing Agent Address  | 2f Filing Agent City | 4 Filing Agent<br>59-1311523           | Applied For<br>Not Applicable        |
| 21   | 22                   | 23   | 24                   | 25                                     | 26                                   |
| 27   | 28                   | 29   | 30                   | 31                                     | 32                                   |

|   |  |          |  |  |  |
|---|--|----------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>TAGLAUER, ALICE<br/>61 OAKLEIGH DRIVE<br/>MAITLAND FL 32751</b> |  |          | 10. Name and Address of New Registered Agent |  |  |
| 81  | Name   |          |  |  |  |
| 82  | Street Address (P.O. Box Number is Not Acceptable) |          |  |  |  |
| 83  | City   |          |  |  |  |
| 84  | 85   | Zip Code |  |  |  |
|   | FL   |          |  |  |  |

11. The undersigned, this person or persons of legal age and 18 or more Florida residents, the above named corporation submits the statement for the purpose of changing its registered office to the person or persons named herein. The undersigned, authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am hereby accepting the appointment as registered agent, Florida Statutes.

|   |  |
|---|--|
| 12. OFFICERS AND DIRECTORS  | 13. ADDITIONAL REGISTERED AGENTS   |
| NAME: TAGLAUER, ALICE<br>ADDRESS: 61 OAKLEIGH DR. MAITLAND FL<br>TITLE: VD    | 1. NAME: _____<br>2. ADDRESS: _____<br>3. CITY: _____<br>4. STATE: _____<br>5. ZIP: _____      |
| NAME: BAILEY, JIM<br>ADDRESS: 133 HARROGATE PL. LONGWOOD FL<br>TITLE: D       | 6. NAME: _____<br>7. ADDRESS: _____<br>8. CITY: _____<br>9. STATE: _____<br>10. ZIP: _____     |
| NAME: FOWLER, FRED<br>ADDRESS: PO BOX 541047-N/A ORLANDO FL<br>TITLE: SD      | 11. NAME: _____<br>12. ADDRESS: _____<br>13. CITY: _____<br>14. STATE: _____<br>15. ZIP: _____ |
| NAME: DODGE, MARGE<br>ADDRESS: 700 MELROSE AVE. #5 WINTER PK FL<br>TITLE: D   | 16. NAME: _____<br>17. ADDRESS: _____<br>18. CITY: _____<br>19. STATE: _____<br>20. ZIP: _____ |
| NAME: LAVALLEE, ROLAND<br>ADDRESS: RR 2 BOX 817 WELLS MA<br>TITLE: TD         | 21. NAME: _____<br>22. ADDRESS: _____<br>23. CITY: _____<br>24. STATE: _____<br>25. ZIP: _____ |
| NAME: O'BRIEN, PAT<br>ADDRESS: 4495 S. ATLANTIC AVE. #302-5 NEW SMYRNA BCH FL | 26. NAME: _____<br>27. ADDRESS: _____<br>28. CITY: _____<br>29. STATE: _____<br>30. ZIP: _____ |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the reasons stated herein. I hereby declare that the undersigned is authorized to accept the appointment as registered agent and that my signature shall have the same legal effect as if made in person. I understand the consequences of this appointment and hereby agree to the appointment as registered agent as required by Chapter 603, Florida Statutes, and that my signature appears in Block 12 of these filing documents as an officer, director or shareholder.

SIGNATURE: *Milton Johnson* MILTON JOHNSON 4-19-95 784-477-2155