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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:17

DOCUMENT # 733776 (9)

1. Corporation Name

LA CASTELLANA CONDOMINIUM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 189013<br>PLANTATION FL 33318 | P O BOX 189013<br>PLANTATION FL 33318 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1637837 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

SUMMIT PROPERYT MANAGEMENT, INC.
6289 W SUNRISE BLVD
SUITE 202
SUNRISE FL 33313

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SOLER, MARTHA | 12 NAME | | |
| STREET ADDRESS | 13390 NE 7TH AVE #311 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33161 | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, MABEL | 22 NAME | | |
| STREET ADDRESS | 13390 N.E. 7TH AVE. #408 | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33161 | 24 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ | 31 TITLE | T/D | ☑ Change ☐ Addition |
| NAME | ISLAM, SHERRY | 32 NAME | | |
| STREET ADDRESS | 13390 N.E. 7TH AVE. #606 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33161 | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | JOSEPH, ADA | 42 NAME | | |
| STREET ADDRESS | 13390 NE 7 AVENUE #314 | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33161 | 44 CITY-ST-ZIP | | |
| TITLE | ~~PD~~ | 51 TITLE | S/D | ☑ Change ☐ Addition |
| NAME | ~~SOLER, MARTHA~~ | 52 NAME | Alfred Sawyer | |
| STREET ADDRESS | ~~13390 NE 7 AVE~~ | 53 STREET ADDRESS | 13810 NE 7 Ave., #414 | |
| CITY-ST-ZIP | ~~NORTH MIAMI FL~~ | 54 CITY-ST-ZIP | N. Miami, FL | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Martin Soler 3-13-95 891-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010310

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

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:35

DOCUMENT # 734457 (5)

1. Corporation Name

TRUSTEES, SEMINOLE HEIGHTS BAPTIST CHURCH, TAMPA , FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RCH, TAMPA, FLA., INC. C/O A. MORRISON<br>801 E. HILLSBOROUGH AVENUE<br>TAMPA FL 33604 | RCH, TAMPA, FLA., INC C/O A. MORRISON<br>801 E. HILLSBOROUGH AVENUE<br>TAMPA FL 33604 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1975
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-0766995 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 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 |
|---|---|
| PINNER, THOMAS M. JR.<br>1208 LABRAD LANE<br>TAMPA FL 33613 | 81 Name: Brian A. McCartney<br>82 Street Address (P.O. Box Number is Not Acceptable): 14610 Brentwood Lane<br>83<br>84 City: Tampa FL 85 Zip Code: 33618-3012 |

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: Brian A McCartney
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 | ☐ Change ☐ Addition |
| NAME | WILLIAMS, D COLAN | 12 NAME | |
| STREET ADDRESS | 4120 CENTRAL AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MCSWAIN, JOHN | 22 NAME | |
| STREET ADDRESS | 417 BRENTWOOD DRIVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | |
| TITLE | C | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WHATLEY, JOSEPH B. | 32 NAME | |
| STREET ADDRESS | 606 W. IDLEWILD AVE. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | |
| TITLE | VT | 41 TITLE | D ☒ Change ☐ Addition |
| NAME | HUERTAS, ED | 42 NAME | SINGLETARY, HOMER |
| STREET ADDRESS | 12702 RAIN FOREST ST. | 43 STREET ADDRESS | 603 W EMMA STREET |
| CITY-ST-ZIP | TAMPA, FL 00000 | 44 CITY-ST-ZIP | TAMPA FL 33603-3132 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BLOUNT, JOEL | 52 NAME | |
| STREET ADDRESS | 307 W HENRY AVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | D ☒ Change ☐ Addition |
| NAME | POE, WILLIAM F. (SR.) | 62 NAME | DAVIS, SAM |
| STREET ADDRESS | 70 LADOGA AVE. | 63 STREET ADDRESS | 2138 W MINNEHAHA STREET |
| CITY-ST-ZIP | TAMPA, FL 00000 | 64 CITY-ST-ZIP | TAMPA FL 33604-5737 |

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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 DIRECTOR OR OFFICER Date Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # 734599 (4)

1. Corporation Name

EDGEWATER CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 624 SAINT LUCIE CRESCENT<br>STUART FL 34994-2856 | 624 SAINT LUCIE CRESCENT<br>STUART FL 34994-2856 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1975
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1884792 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

CORNETT, JANE
WACKEEN, CORNET & GOOGE, PA
401 EAST OSCEOLA ST., 1ST FLOOR
STUART FL 34995

**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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KUNKEL, JOHN | 12 NAME | |
| STREET ADDRESS | 624 ST LUCIE CRESCENT #301 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 14 CITY-ST-ZIP | |
| TITLE | VPD | 21 TITLE | D - SEC, ☑ Change ☐ Addition |
| NAME | SANDBERG, ROBERT | 22 NAME | ROBERT SANDBERG |
| STREET ADDRESS | 624 ST LUCIE CRESCENT #106 | 23 STREET ADDRESS | 624 ST LUCIE CRES APT 106 |
| CITY-ST-ZIP | STUART FL | 24 CITY-ST-ZIP | STUART FL |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MANNERING, DERRICK | 32 NAME | |
| STREET ADDRESS | 624 ST LUCIE CRESCENT #208 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 34 CITY-ST-ZIP | |
| TITLE | T | 41 TITLE | D-RS T-S ☑ Change ☐ Addition |
| NAME | LORD, PHIL | 42 NAME | NORMA N SHEERAN |
| STREET ADDRESS | 624 ST. LUCIE CRESENT | 43 STREET ADDRESS | 624 ST LUCIE CRES APT#2 |
| CITY-ST-ZIP | STUART FL | 44 CITY-ST-ZIP | STUART FL 34994 |
| TITLE | D | 51 TITLE | D V.P. ☑ Change ☐ Addition |
| NAME | SHEERAN, EDWARD | 52 NAME | DICK CROSS |
| STREET ADDRESS | 624 ST LUCIE CRESENT | 53 STREET ADDRESS | 624 ST LUCIE CRES APT 305 |
| CITY-ST-ZIP | STUART FL | 54 CITY-ST-ZIP | STUART |
| TITLE | | 61 TITLE | D ☐ Change ☑ Addition |
| NAME | | 62 NAME | JEFF BURGESS |
| STREET ADDRESS | | 63 STREET ADDRESS | 624 ST LUCIE CRES APT 407 |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma N Sheeran Treasurer 3-21-95 287 3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NORMA N SHEERAN

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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:31

DOCUMENT # 734691 (9)

1. Corporation Name
HALIFAX HISTORICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 252 S. BEACH STREET<br>DAYTONA BCH FL 32114 | 252 S. BEACH STREET<br>DAYTONA BCH FL 32114 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1975
3a. Date of Last Report: 02/22/1994
4. FEI Number: 23-7432863 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

**9. Name and Address of Current Registered Agent**

WOOD, ROBERT B
779 JOHN ANDERSON
ORMOND BEACH FL 32176

**10. Name and Address of New Registered Agent**

81 Name: McKEMIE, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 405 DRIFTWOOD AVENUE
83:
84 City: DAYTONA BEACH FL 85 Zip Code: 32118

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: WILLIAM McKEMIE William McKemie 3/1/95
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 | PD | 11 TITLE | P D | ☒ Change ☐ Addition |
| NAME | WOOD, WILLIAM L | 12 NAME | WILLIAM McKEMIE | |
| STREET ADDRESS | 2 NIAGARA FALLS CIRCLE | 13 STREET ADDRESS | 405 DRIFTWOOD AVENUE | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 14 CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | |
| TITLE | T | 21 TITLE | T | ☒ Change ☐ Addition |
| NAME | GREEN, ROBERT | 22 NAME | WOOD, MARY ALICE C. | |
| STREET ADDRESS | 216 MALLARD LANE | 23 STREET ADDRESS | 779 JOHN ANDERSON DRIVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 24 CITY-ST-ZIP | ORMOND BEACH, FL 32176 | |
| TITLE | S | 31 TITLE | S D | ☒ Change ☐ Addition |
| NAME | BON FLEUR, RUTH | 32 NAME | BUCKNER, VIRGINIA | |
| STREET ADDRESS | 5750 SWEETWATER BLVD | 33 STREET ADDRESS | 418 N. WILD OLIVE AVENUE | |
| CITY-ST-ZIP | PORT ORANGE FL | 34 CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | |
| TITLE | VP | 41 TITLE | VP D | ☐ Change ☐ Addition |
| NAME | DOREMUS, WILLIAM D | 42 NAME | WILLIAM D. DOREMUS | |
| STREET ADDRESS | 428 S B EACH ST | 43 STREET ADDRESS | 428 S. BEACH STREET | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 44 CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | |
| TITLE | VP | 51 TITLE | VP D | ☐ Change ☐ Addition |
| NAME | BRIESE, SHAWN J | 52 NAME | BRIESE, SHAWN L. | |
| STREET ADDRESS | 65 ORCHARD LANE | 53 STREET ADDRESS | 65 ORCHARD LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL | 54 CITY-ST-ZIP | ORMOND BEACH, FL 32176 | |
| TITLE | VP | 61 TITLE | VP D | ☐ Change ☒ Addition |
| NAME | MCKEMIE, WILLIAM | 62 NAME | ROY MIDKIFF | |
| STREET ADDRESS | 405 DRIFTWOOD AVE | 63 STREET ADDRESS | P.O. BOX 9732 | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 64 CITY-ST-ZIP | DAYTONA BEACH, FL 32120 | |

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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Alice C. Wood Treasurer 3/17/95 (904) 441-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY ALICE Wood, TRES.

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

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:32

DOCUMENT # 736217 (1)

1. Corporation Name

"ARTISTS' LEAGUE OF THE UNIVERSITY GALLERY/ FLOR IDA STATE UNIVERSITY", INC.

| Principal Place of Business | Mailing Address |
|---|---|
| UNIVERSITY FINE ARTS GALLERY<br>250 FAB/FLA ST. UNIVERSITY<br>TALLAHASSEE FL 32306-2037 | UNIVERSITY FINE ARTS GALLERY<br>250 FAB/FLA ST. UNIVERSITY<br>TALLAHASSEE FL 32306-2037 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1976
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1874683 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

PALLADINO-CRAIG, ALLYS
250 FINE ARTS BLDG, R-133A
FSU GALLERY & MUSEUM, FLORIDA STATE UNIVER
TALLAHASSEE FL 32306-2037

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DRAKE, RICHARD | 12 NAME | |
| STREET ADDRESS | 222 SINCLAIR RD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | REAVER, TERESA | 22 NAME | |
| STREET ADDRESS | 1042 COMMERCIAL ST. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LANHAM, GAYLE | 32 NAME | |
| STREET ADDRESS | 237 E. WASHINGTON ST. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | QUINCY FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | D ☒ Change ☐ Addition |
| NAME | IRIZARRY, MICHAEL | 42 NAME | TRAKAS, IRENE |
| STREET ADDRESS | 4007 #7 BALLARD RD | 43 STREET ADDRESS | 686 INDUSTRIAL DR |
| CITY-ST-ZIP | TALLAHASSEE FL | 44 CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | T | 51 TITLE | ☐ Change ☐ Addition |
| NAME | PALLADINO-CRAIG, ALLYS | 52 NAME | |
| STREET ADDRESS | 1410 GRAPE STREET | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** E palladino-craig 3/10/95 904 644-6836
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:21

DOCUMENT # 736823 (6)

1. Corporation Name
OAKVIEW CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9161 FONTAINEBLEAU BLVD.<br>MIAMI FL 33172 | 9161 FONTAINEBLEAU BLVD.<br>MIAMI FL 33172 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1976
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1725530 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

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

9. Name and Address of Current Registered Agent

GRIFFIN-POFFENBARGER REALTY, INC
2050 CORAL WAY SUITE #305
MIAMI FL 33145

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CHEVALTER, IRMA<br>9145 FONTAINBLEAU #3<br>MIAMI FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARCIA, JUAN<br>9171 FONTAINEBLEAU BLVD #8<br>MIAMI FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MUNOS, JOSE<br>9137 FONTAINEBLEAU #3<br>MIAMI FL | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CASELLAS, MARIA M.<br>9165 FONTAINEBLEAU B. #6<br>MIAMI FL | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HERNANDEZ, VIRGINIA<br>9133 FONTAINBLEAU #8<br>MIAMI FL | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☑ Change ☐ Addition<br>TD<br>TRELLES, VIRGINIA #8<br>9133 FONTAINEBLEAU<br>MIAMI, FLA 33172 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ MARIA M. CASELLAS 1/19/95 375-5626
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0044269

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:29

DOCUMENT # 737905 (0)

1. Corporation Name
DADE COUNTY RETIRED TEACHERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 586 NW 48TH STREET<br>MIAMI FL 33127-2463<br>US | 586 NW 48TH STREET<br>MIAMI FL 33127-2463<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2353602 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 13500 NE 3 Ct
Suite, Apt. #, etc.
22: #420
City & State
23: No. Miami, FL
Zip 24: 33161 Country 25: U.S.A

2a. Mailing Address
26: PO Box 611747
Suite, Apt. #, etc.
27:
City & State
28: Miami, FL
Zip 29: 33261 Country 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EVE, CHRISTINA M.
586 N.W. 48TH STREET
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name: ADAM W. FISCHER
82 Street Address (P.O. Box Number is Not Acceptable): 13500 NE 3 CT. #420
83:
84 City: No. Miami FL 85 Zip Code: 33161

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: Adam W. Fischer Treasurer — DATE: 3/21/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | HODGES, VERNA R. | 12 NAME | | |
| STREET ADDRESS | 365 NE 115 STREET | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | | |
| TITLE | T | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | FISCHER, ADAM W. | 22 NAME | | |
| STREET ADDRESS | 13500 N.E. 3RD COURT #420 | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | N. MIAMI FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | EVE, CHRISTINA M. | 32 NAME | | |
| STREET ADDRESS | 586 N.W. 48TH STREET | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | | |
| TITLE | SC | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, LILLIAN | 42 NAME | | |
| STREET ADDRESS | 3261 N. W. 43RD TERRACE | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 44 CITY-ST-ZIP | | |
| TITLE | PD | 51 TITLE | P | ☑ Change ☐ Addition |
| NAME | WARREN, EMILY P. | 52 NAME | | |
| STREET ADDRESS | 165 N. E. 162ND STREET | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 54 CITY-ST-ZIP | | |
| TITLE | VD | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | GRAHAM, MARY M. | 62 NAME | | |
| STREET ADDRESS | 1700 NE 105 ST, #309 | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Adam W. Fischer — 3/21/95 — (305) 895-2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000760

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:24

DOCUMENT # 738098 (3)

1. Corporation Name
BALL PARK PLAZA ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1096 SUNSET STRIP<br>SUNRISE FL 33313 | 1096 SUNSET STRIP<br>SUNRISE FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1977
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1961397 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIFFITH, W. R.
1096 SUNSET STRIP
SUNRISE, FL
33313

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 W R Griffith 3-23-95
Signature of current registered agent required (typed name 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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | STOKES, NIKKI | 12 NAME | |
| STREET ADDRESS | 6491 SUNSET STRIP, #8 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | 14 CITY-ST-ZIP | |
| TITLE | DVP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | COLLARO THOMAS | 22 NAME | |
| STREET ADDRESS | 6491 SUNSET STRIP #4 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | FAIRFIELD, PRESCOTT | 32 NAME | |
| STREET ADDRESS | 6495 SUNSET STRIP | 33 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ~~SINGH, CHANDRA~~ | 42 NAME | |
| STREET ADDRESS | ~~6531 SUNSET STRIP~~ | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ~~SUNRISE, FL 00000~~ | 44 CITY-ST-ZIP | |
| TITLE | STD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | GRIFFITH, W R | 52 NAME | |
| STREET ADDRESS | 1096 SUNSET STRIP | 53 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** W R Griffith 3-23-95 (305) 792-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W. R. Griffith, Secretary/Treasurer

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

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 28 PM 6:18**

DOCUMENT # **738416** **(7)**

1. Corporation Name
**BUCKHEAD RIDGE BAPTIST CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6 CYPRESS ST., B.H.R<br>OKEECHOBEE FL 34974 | 6 CYPRESS ST., B.H.R.<br>OKEECHOBEE FL 34974 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1977**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1891486** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

**BROOKS, EILEEN MRS**
**83 LISA LANE BHR**
**OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BROOKS, MRS EILEEN | 12 NAME | |
| STREET ADDRESS | 83 LISA LANE BHR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 14 CITY-ST-ZIP | |
| TITLE | DT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | THUMBO, FLOYD | 22 NAME | |
| STREET ADDRESS | 75 LAKE DR BHR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 24 CITY-ST-ZIP | |
| TITLE | DT | 31 TITLE | ☒ Change ☐ Addition |
| NAME | DEISHCH, MRS HELEN | 32 NAME | Helen Deisch |
| STREET ADDRESS | 68 LAKE DR BHR | 33 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 34 CITY-ST-ZIP | |
| TITLE | SD | 41 TITLE S/D | ☒ Change ☐ Addition |
| NAME | ~~TAYLOR, DEBBIE MRS~~ | 42 NAME | Roberta Phelps |
| STREET ADDRESS | ~~7414 NW 96TH CT~~ | 43 STREET ADDRESS | 22 Lime Lane BHR |
| CITY-ST-ZIP | ~~OKEECHOBEE FL~~ | 44 CITY-ST-ZIP | Okeechobee FL 34974 |
| TITLE | | 51 TITLE | Treasurer/Director ☐ Change ☒ Addition |
| NAME | | 52 NAME | Geraldine F. Patent |
| STREET ADDRESS | | 53 STREET ADDRESS | 14 Cypress St BHR |
| CITY ST ZIP | | 54 CITY ST ZIP | Okeechobee, FL 34974 |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Geraldine F. Patent, Treasurer 3/24/95 813-763-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Geraldine F. Patent

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:17

DOCUMENT # 738884 (6)

1. Corporation Name

WOODMONT APARTMENT HOMES - 67A, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % SUMMITT PROPERTY MANAGEMENT, INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 | % SUMMITT PROPERTY MANAGEMENT, INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1977
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1861868 ☐ Applied For ☐ Not Applicable

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

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

**10. Name and Address of New Registered Agent**

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL — 65 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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GREENE, WILLIAM B | 12 NAME | |
| STREET ADDRESS | 7531 NW 86 TERRACE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 14 CITY-ST-ZIP | |
| TITLE | ~~D~~ | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ~~KIMMEL, ABEL~~ | 22 NAME | |
| STREET ADDRESS | ~~7581 NW 86 TERRACE~~ | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ~~TAMARAC FL~~ | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BENNETT, HERBERT | 32 NAME | |
| STREET ADDRESS | 7599 NW 86TH TERRACE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | GORDON, JACK L. | 42 NAME | |
| STREET ADDRESS | 7531 NW 86TH TERRACE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | KOPERWEIS, JOSEPH | 52 NAME | |
| STREET ADDRESS | 7521 N.W. 86TH TERRACE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 54 CITY-ST-ZIP | |
| TITLE | ~~VD~~ | 61 TITLE | ☐ Change ☐ Addition |
| NAME | ~~WERKSTELL, SEYMOUR~~ | 62 NAME | |
| STREET ADDRESS | ~~7582 NW 86TH TERR~~ | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ~~TAMARAC FL~~ | 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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] March 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # 738971 (1)

1. Corporation Name

COVENANT COMMUNITY CHURCH OF F.W.B. INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1007 GOSPEL ROAD<br>FT. WALTON BCH FL 32547 | 1007 GOSPEL ROAD<br>FT. WALTON BCH FL 32547 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1977
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1713615 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

GRABO, JAMES J
52 CINDERELLA LN.
FT. WALTON BCH FL 32547

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GRABO, JAMES J | 12 NAME | |
| STREET ADDRESS | 52 CINDERELLA LN. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. WALTON BCH. FL | 14 CITY-ST-ZIP | |
| TITLE | TDS | 21 TITLE | ☑ Change ☐ Addition |
| NAME | EDWARDS, ELDON R | 22 NAME | |
| STREET ADDRESS | 1539 DAD'S RD | 23 STREET ADDRESS | 1693 DAD'S RD |
| CITY-ST-ZIP | CRESTVIEW FL | 24 CITY-ST-ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LOYD, PHILIP R | 32 NAME | |
| STREET ADDRESS | 1009 GOSPEL RD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | 34 CITY-ST-ZIP | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Eldon R. Edwards 3/24/95 904/863 1323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:22

DOCUMENT # **739507** **(2)**

1. Corporation Name

**IMPERIAL COVE CONDOMINIUM XI ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19029 US 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 34624-3030<br>US | 19029 US 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 34624-3030<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1977
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1824737 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SHAW, MARLENE S.
19029 US 19 NOR, 16C
CLUBHOUSE OFFICE
CLEARWATER FL 34624

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 11 TITLE | VD | ☒ Change ☐ Addition |
| NAME | COWELL, ROGER | 12 NAME | SULLIVAN, JERRY | |
| STREET ADDRESS | 19029 US HWY 19 NORTH 16E | 13 STREET ADDRESS | 19029 US HWY 19 NORTH, 16-C | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | CLEARWATER, FL | |
| TITLE | TD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MINOR, WADSWORTH | 22 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 NORTH 19C | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | D | ☒ Change ☐ Addition |
| NAME | FARBER, JEAN | 32 NAME | LUKOF, JEAN FARBER | |
| STREET ADDRESS | 19029 US HWY 19 N 17-E | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 34 CITY-ST-ZIP | | |
| TITLE | SD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | LAZARUS, KAY | 42 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 NORTH | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 44 CITY-ST-ZIP | | |
| TITLE | PD | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | DOLAN, HAROLD | 52 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 NORTH 20C | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Harold T. Dolan 3-23-95 813-536-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold Dolan, President

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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:22

DOCUMENT # **739508** **(0)**

1. Corporation Name
**IMPERIAL COVE CONDOMINIUM XII ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19029 US 19 NORTH<br>CLEARWATER FL 34624<br>US | 19029 US 19 NORTH<br>CLEARWATER FL 34624<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1977
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1824740 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

SHAW, MARLENE S.
19029 US HWY 19 N
CLUBHOUSE OFFICE
CLEARWATER FL 34624

**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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | TD | 11 TITLE | TD | ☒ Change ☐ Addition |
| NAME | HEMBRECHTS, ELEANOR | 12 NAME | KEAY, ROBERT | |
| STREET ADDRESS | 19029 US HWY 19 N 24-C | 13 STREET ADDRESS | 19029 US 19NORTH, 21-D | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | CLEARWATER, FL | |
| TITLE | VD | 21 TITLE | D | ☒ Change ☐ Addition |
| NAME | SANTAMARIA, JACK | 22 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 N 21-B | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | COOLEY, SUE | 32 NAME | | |
| STREET ADDRESS | 19029 US 19 NORTH, 25C | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 34 CITY-ST-ZIP | | |
| TITLE | PD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | BALLAST, JUERGEN | 42 NAME | | |
| STREET ADDRESS | 19029 US 19 NORTH, 21A | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | VD | ☒ Change ☐ Addition |
| NAME | KEAY, ROBERT | 52 NAME | BEAURY, RUDY | |
| STREET ADDRESS | 19029 US 19 NORTH, 21D | 53 STREET ADDRESS | 19029 US HWY 19 NORTH, 22E | |
| CITY-ST-ZIP | CLEARWATER FL | 54 CITY-ST-ZIP | CLEARWATER, FL | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Juergen Ballast 3-23-95 539-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUERGEN BALLAST, PRESIDENT

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

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # 740585 (5)

1. Corporation Name

RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1801 NORTH GULF DR<br>BRADENTON FL 34217<br>US | 1801 NORTH GULF DR<br>BRADENTON FL 34217<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1977
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1799124 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 22 | 27 | | |
| City & State | City & State | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| 23 | 28 | | |
| Zip / Country | Zip / Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |
| 24 / 25 | 29 / 30 | | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MAZZA, GEORGE G.<br>1801 GULF DRIVE NORTH<br>BRADENTON BEACH FL 34217 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | TD | 11 TITLE | T | ☒ Change ☐ Addition |
| NAME | DENSON, CHARLOTTE | 12 NAME | LEWIS WALKER | |
| STREET ADDRESS | 116 ELM COURT | 13 STREET ADDRESS | 1801 NORTH GULF DR. UNIT 184 | |
| CITY-ST-ZIP | LAKELAND FL | 14 CITY-ST-ZIP | BRADENTON BEACH, FL 34217 | |
| TITLE | VD | 21 TITLE | D | ☐ Change ☐ Addition |
| NAME | GROPP, PETER | 22 NAME | | |
| STREET ADDRESS | 10307 WATERBIRD WAY | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON BEACH FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | S | ☒ Change ☐ Addition |
| NAME | BAUM, BETTY | 32 NAME | FRANK McGRATH | |
| STREET ADDRESS | 5149 ST. JACOBS ROAD | 33 STREET ADDRESS | 1705 SHERWIN | |
| CITY-ST-ZIP | LEETONIA OH | 34 CITY-ST-ZIP | CHICAGO, IL 60626 | |
| TITLE | PD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | HAM, LADY G. | 42 NAME | | |
| STREET ADDRESS | 311 W. PABLO ST. | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 44 CITY-ST-ZIP | | |
| TITLE | S | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | CHAPMAN, JANET | 52 NAME | | |
| STREET ADDRESS | 2615 6TH STREET, EAST | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | VP | ☒ Change ☐ Addition |
| NAME | DINSMORE, ROBERT | 62 NAME | | |
| STREET ADDRESS | 1634 SO. SURREY LANE | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Lewis Walker 3-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

* CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # **740894** (1)

1. Corporation Name

**MANGO HILL CONDOMINIUM ASSOCIATION NO. 4, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 110548<br>1090 W 43 PL<br>HIALEAH FL 33011-0548<br>US | C/O ACTION GENERAL SERVICES<br>P. O. BOX 110548<br>HIALEAH FL 33011-0548<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1977
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1850997 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

NODAL, RAFAEL A.
ACTION GENERAL SERVICES CORP
1490 W. 49TH PLACE, STE. 515
HIALEAH FL 33012

**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 607.1505, 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: Rafael A. Nodal DATE: 3/24/95
Signature, typed or printed name of individual with authority to execute. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HERRERA, AMADO | 12 NAME | |
| STREET ADDRESS | 1090 W. 43RD PLACE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 14 CITY-ST-ZIP | |
| TITLE | TD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SUAREZ, LUIS | 22 NAME | |
| STREET ADDRESS | 1059 W. 42ND PLACE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | VARGAS, PEDRO | 32 NAME | |
| STREET ADDRESS | 1053 W. 42ND PLACE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 34 CITY-ST-ZIP | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Amado Herrera 3/24/95 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # 741088 (9)

1. Corporation Name

HAMMOCK FIRST BAPTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5328 N OCN SHR DR. PLM. COAST. FL 32307<br>PO BOX 792<br>FLGLER BEACH FL 32137-3213 | 5328 N OCN SHR DR. PLM. COAST. FL 32307<br>PO BOX 792<br>FLGLER BEACH FL 32137-3213 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1977
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1846794 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 SAME | 26 SAME |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

HUTH, ROGER D.
5918 N. OCEAN SHORE BL
ST AUGUSTINE, FL
PALM COAST FL 32137

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D ☐ Change ☐ Addition |
| NAME | ROSS, EARL | 12 NAME | Clendenin, Bruce |
| STREET ADDRESS | CAROLINA AVE. | 13 STREET ADDRESS | 8 Crampton Court |
| CITY-ST-ZIP | PALM COAST FL | 14 CITY-ST-ZIP | Palm Coast, Fl 32137 |
| TITLE | SD | 21 TITLE | D ☐ Change ☐ Addition |
| NAME | CHAMBERS, JON | 22 NAME | Harpe, Harold |
| STREET ADDRESS | 73 HERNANDEZ ROAD | 23 STREET ADDRESS | 1 Sweet Bay Drive |
| CITY-ST-ZIP | PALM COAST FL | 24 CITY-ST-ZIP | Palm Coast, Fl 32137 |
| TITLE | D | 31 TITLE | S ☐ Change ☐ Addition |
| NAME | GUTHRIE, HAROLD | 32 NAME | Jeff Michael |
| STREET ADDRESS | 3 APACHE STREET | 33 STREET ADDRESS | 13 Debra Lane |
| CITY-ST-ZIP | PALM COAST FL | 34 CITY-ST-ZIP | Palm Coast, Fl 32137 |
| TITLE | D | 41 TITLE | D ☑ Change ☐ Addition |
| NAME | MITCHELL, MARK | 42 NAME | Odom, ONeal |
| STREET ADDRESS | 712 BERKSHIRE | 43 STREET ADDRESS | 106 Hernandez Street |
| CITY-ST-ZIP | DAYTONA BEACH FL | 44 CITY-ST-ZIP | Palm Coast, Fl 32137 |
| TITLE | P | 51 TITLE | P ☐ Change ☐ Addition |
| NAME | HUTH, ROGER D | 52 NAME | Huth, Roger |
| STREET ADDRESS | 5918 N OCEANSHORE BLVD | 53 STREET ADDRESS | 5918 N Oceanshore Blvd. |
| CITY-ST-ZIP | PALM COAST FL | 54 CITY-ST-ZIP | Palm Coast, Fl 32137 |
| 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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Roger Huth Roger Huth 3-24-95 904-445-3157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

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

3-28-95 B- 2722

CORPORATION
ANNUAL REPORT
**1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**

**95 MAR 28 PM 6:20**

DOCUMENT # **742169** **(6)**

1. Corporation Name

**IMPERIAL COVE CONDOMINIUM XIII ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19029 US HIGHWAY 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 34624 | 19029 US HIGHWAY 19 NORTH<br>CLUBHOUSE OFFICE<br>CLEARWATER FL 34624 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1978
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1843081 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

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

**9. Name and Address of Current Registered Agent**

SHAW, MARLENE S.
19029 US HWY 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624

**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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DT | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MCKENNA, HAROLD R | 12 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 N 31D | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | | |
| TITLE | SD | 21 TITLE | SD | ☒ Change ☐ Addition |
| NAME | FISCUS, DOROTHY | 22 NAME | WILLIAMS, VIRGINIA | |
| STREET ADDRESS | 19029 US 19 NORTH, 30H | 23 STREET ADDRESS | 19029 US HWY 19 NORTH, 27-A | |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | CLEARWATER, FL | |
| TITLE | PD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MORRIS, RIVIAN | 32 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 N 29-E | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 34 CITY-ST-ZIP | | |
| TITLE | VD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | VANDERHOEF, FRED W. | 42 NAME | | |
| STREET ADDRESS | 19029 US 19 NORTH, 32E | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | COLLINS, MAXWELL | 52 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 N 32D | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | ERICKSON, EVERETT | 62 NAME | HOCHREIN, FRED | |
| STREET ADDRESS | 19029 US HWY 19 N 27-B | 63 STREET ADDRESS | 19029 US HWY 19 NORTH, 33-B | |
| CITY-ST-ZIP | CLEARWATER FL | 64 CITY-ST-ZIP | CLEARWATER, FL | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Rivian R. Morris Mar. 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

Rivian R. Morris, President

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:21

DOCUMENT # **742373** **(4)**

1. Corporation Name

**IONIAN PLAZA CONDOMINIUM, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 110 SALAMANCA AVE<br>CORAL GABLES FL 33134 | 110 SALAMANCA AVE<br>CORAL GABLES FL 33134 |

3. Date Incorporated or Qualified: 04/12/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1974499 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 | City & State: 28 |
| Zip: 24 Country: 25 | Zip: 29 Country: 30 |

**9. Name and Address of Current Registered Agent**

PORTUONDO, RAFAEL
110 SALAMANCA AVEN #402
CORAL GABLES FL 33134

**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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PORTUONDO, RAFAEL | 12 NAME | |
| STREET ADDRESS | 110 SALAMANCA | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 00000 | 14 CITY-ST-ZIP | |
| TITLE | TD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SCHULTZ, MARIA | 22 NAME | |
| STREET ADDRESS | 110 SALAMANCA AVENUE #202 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 24 CITY-ST-ZIP | |
| TITLE | VSD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WILENSKY, LEONARD | 32 NAME | |
| STREET ADDRESS | 1100 SALAMANCA AVENUE #405 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 34 CITY-ST-ZIP | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X Rafael Portuondo 3/21/95 447-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAFAEL PORTUONDO, PRESIDENT

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:20

DOCUMENT # **742430** **(2)**

1. Corporation Name
**CHATHAM J CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| CHATHAM J193<br>CENTURY VILLAGE<br>WEST PALM BEACH FL 33417 | CHATHAM J193<br>CENTURY VILLAGE<br>WEST PALM BEACH FL 33417 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1823874 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

SALVO, VINCENT
193 CHATHAM J.
W. PALM BEACH FL 33417

**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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VD | 11 TITLE | VD | ☒ Change ☐ Addition |
| NAME | PRINCIPE, RICK | 12 NAME | BRUNTEL, MARTIN | |
| STREET ADDRESS | 188 CHATHAM J. CENTURY VILLAGE | 13 STREET ADDRESS | 206 CHATHAM J | |
| CITY-ST-ZIP | W. PALM BEACH FL | 14 CITY-ST-ZIP | W PALM BEACH, FL 33417 | |
| TITLE | SD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BELFORT, ANNE | 22 NAME | | |
| STREET ADDRESS | 192 CHATHAM J. CENTURY VILLAGE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | 24 CITY-ST-ZIP | | |
| TITLE | TD | 31 TITLE | TD | ☒ Change ☐ Addition |
| NAME | BRUNTEL, MARTIN | 32 NAME | SALVO, HELEN J | |
| STREET ADDRESS | 206 CHATHAM J. CENTURY VILLAGE | 33 STREET ADDRESS | 193 CHATHAM J | |
| CITY-ST-ZIP | W. PALM BEACH FL | 34 CITY-ST-ZIP | W PALM BEACH, FL 33417 | |
| TITLE | PD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | SALVO, VINCENT | 42 NAME | | |
| STREET ADDRESS | 193 CHATHAM J. CENTURY VILLAGE | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PALM BEACH FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent Salvo VINCENT SALVO 3-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 28 PM 6:30**

DOCUMENT # **743052** **(3)**

1. Corporation Name

**BONITA PINES CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9956 PUOPOLO LANE<br>P.O. BOX 2507<br>BONITA SPRINGS FL 33923 | 9956 PUOPOLO LANE<br>P.O. BOX 2507<br>BONITA SPRINGS FL 33923 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1978
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1908421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WYNS, MARY ANN
25809 COCKLESHELL DR. D116
BONITA SPRINGS FL 33923

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | CAFEMEYER, DELORES | 12 NAME | Jules Trudel |
| STREET ADDRESS | 25804 COCKLESHELL DRIVE 111 | 13 STREET ADDRESS | 25810 Cockleshell Dr. 117 |
| CITY-ST-ZIP | BONITA SPRGS, FL 00000 | 14 CITY-ST-ZIP | Bonita Springs, Fl 33923 |
| TITLE | TD | 21 TITLE | VD ☐ Change ☐ Addition |
| NAME | WYNS, MARY A. | 22 NAME | John Putalik |
| STREET ADDRESS | 25808 COCKLESHELL DR 116 | 23 STREET ADDRESS | 25810 Cockleshell Dr. 3 |
| CITY-ST-ZIP | BONITA SPRINGS FL | 24 CITY-ST-ZIP | Bonita Springs, Fl. 33923 |
| TITLE | PD | 31 TITLE | SD ☐ Change ☐ Addition |
| NAME | BRADY, RONALD | 32 NAME | Robert McCormack |
| STREET ADDRESS | 25802 COCKLESHELL DR 115 | 33 STREET ADDRESS | 25804 Cockleshell Dr. 217 |
| CITY-ST-ZIP | BONITA SPRINGS FL | 34 CITY-ST-ZIP | Bonita Springs, Fl. 33923 |
| TITLE | D | 41 TITLE | TD ☐ Change ☐ Addition |
| NAME | TRUDEL, JULES | 42 NAME | Mary Ann Wyns |
| STREET ADDRESS | 25810 COCKLESHELL DRIVE 117 | 43 STREET ADDRESS | 25808 Cockleshell Dr. 116 |
| CITY-ST-ZIP | BONITA SPRINGS FL | 44 CITY-ST-ZIP | Bonita Springs, Fl. 33923 |
| TITLE | | 51 TITLE | D ☐ Change ☐ Addition |
| NAME | | 52 NAME | Ralph Foltz |
| STREET ADDRESS | | 53 STREET ADDRESS | 25804 Cockleshell Dr. 213 |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Bonita Springs, Fl. 33923 |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Mary Ann Wyns 3-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY ANN WYNS

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

CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:33

DOCUMENT # 743086 (1)

1. Corporation Name

THE CHARLES F. TATE, JR., M.D. EMPHYSEMA RESEARCH FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6800 S.W. 126TH TERRACE<br>MIAMI, FL.<br>33156 | 6800 S.W. 126TH TERRACE<br>MIAMI, FL.<br>33156 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1978
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2004019 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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 |
|---|---|
| TATE, THEODORE L.<br>10201 S.W. 58 CT.<br>MIAMI, FL.<br>33156 | 01 Name<br>02 Street Address (P.O. Box Number is Not Acceptable)<br>03<br>04 City FL 05 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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | TATE, DANN, NANCY | 12 NAME | |
| STREET ADDRESS | 7729 S.W. 146TH ST. CIR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | TATE, LOTTIE C. | 22 NAME | |
| STREET ADDRESS | 6800 S.W. 126TH. TERRACE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 24 CITY-ST-ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | TATE, THEODORE L. | 32 NAME | |
| STREET ADDRESS | 10201 S.W. 58TH COURT | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Theodore L. Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

743086

# Peters, Maxey, Short & Maxey

*A Professional Association of Attorneys at Law*

WIRT PETERS
(1907-1987)
TOM MAXEY
EUGENE M. SHORT, JR
WIRT T. MAXEY

TELEPHONE (305) 446-7666
FAX (305) 446-1290
3001 PONCE DE LEON BOULEVARD
SUITE 200
CORAL GABLES, FLORIDA 33134

March 24, 1995

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Charles F. Tate, Jr., M.D.,**
**Emphysema Research Foundation, Inc.**
**Ref. No. 743086**

Gentlemen:

We are returning herewith your letter No. 795A00009805, together with the subject Annual Report.

The subject Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and we have so indicated by marking block 7 on the return. We apologize for having erroneously overlooked this when the return was originally filed.

Very truly yours,

PETERS, MAXEY, SHORT & MAXEY, P.A.

Tom Maxey

TM:ahd
Encls.

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # **743698** (3)

1. Corporation Name

**THE COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4168 N LANDAR DRIVE<br>LAKE WORTH FL 33463 | 4168 N LANDAR DRIVE<br>LAKE WORTH FL 33463 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1978
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2346438 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

LACY, MALCOLM
4280 S. LANDAR DRIVE
LAKE WORTH FL 33463

**10. Name and Address of New Registered Agent**

81 Name: JOHN A. MALONEY
82 Street Address (P.O. Box Number is Not Acceptable): 4220 NO. LANDAR DR.
83
84 City: LAKE WORTH FL 85 Zip Code: 33463

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: John A. Maloney — Signature, typed or printed name of registered agent and title if applicable
John A. Maloney — (NOTE: Registered Agent Signature required when reinstating)
DATE: 3-1-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | FOLGER, EARL | 1.2 NAME | |
| STREET ADDRESS | 4280 S. LANDAR DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | QUINN, GEORGE | 2.2 NAME | VP QUINN GEORGE |
| STREET ADDRESS | 4193 N. LANDAR DRIVE | 2.3 STREET ADDRESS | 4193 NO. LANDAR DR. 33463 |
| CITY-ST-ZIP | LAKE WORTH FL | 2.4 CITY-ST-ZIP | LAKE WORTH, FLORIDA |
| TITLE | VD | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | LACY, MALCOLM | 3.2 NAME | SD MARGE DE LAURA |
| STREET ADDRESS | 4280 N LANDAR DR | 3.3 STREET ADDRESS | 4221 NO LANDAR DR 33463 |
| CITY-ST-ZIP | LAKE WORTH FL | 3.4 CITY-ST-ZIP | LAKE WORTH FLORIDA |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MALONEY, JACK | 4.2 NAME | |
| STREET ADDRESS | 4220 N. LANDAR DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** JOHN A. MALONEY — 3-1-95 — 407-965-3364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John A. Maloney

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:25

DOCUMENT # **743761** **(9)**

1. Corporation Name

**POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 184 117TH AVE 8<br>TREASURE ISL FL 33706 | % LAMONT<br>250 104TH AVE<br>TREASURE ISLD FL 33706<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1978
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1840145 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

**LAMONT, SUE**
**250 104TH AVE**
**TREASURE ISLD FL 33706**

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KUMMER, FRED | 12 NAME | |
| STREET ADDRESS | 184 117TH AVENUE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | 14 CITY-ST-ZIP | |
| TITLE | V | 21 TITLE | V ☒ Change ☐ Addition |
| NAME | VALOIS, BERNARD | 22 NAME | PEGGY TONKOVICH |
| STREET ADDRESS | 184 117TH AVENUE | 23 STREET ADDRESS | 184 117th AVENUE |
| CITY-ST-ZIP | TREASURE ISLAND FL | 24 CITY-ST-ZIP | TREASURE ISLAND, FL 33706 |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SAUNDERS, MATTHEW | 32 NAME | |
| STREET ADDRESS | 184 117TH AVE. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND, FL00000 | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | D ☒ Change ☐ Addition |
| NAME | RENNER, MARGARET | 42 NAME | ESTELLE GRAVES |
| STREET ADDRESS | 184 117TH AVENUE | 43 STREET ADDRESS | 184 117th AVENUE |
| CITY-ST-ZIP | TREASURE ISLAND FL | 44 CITY-ST-ZIP | TREASURE ISLAND, FL 33706 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | SAUNDERS, MARTHA | 52 NAME | |
| STREET ADDRESS | 184 117TH AVENUE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 03/27/95 (813)360-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:18

DOCUMENT # **743908** **(6)**

1. Corporation Name
**RIVER PLACE CONDOMINIUM ASSOCIATON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1739 SE 46TH LANE, APT 202<br>CAPE CORAL FL 33904-6749 | 1739 SE 46TH LANE, APT 202<br>CAPE CORAL FL 33904-6749 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1978
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1977100 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

**9. Name and Address of Current Registered Agent**

RENIER, DONALD
1741 SE 46TH LANE, #204
CAPE CORAL FL 33904

**10. Name and Address of New Registered Agent**

81 Name: DONALD R. LANGEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 1739 SE 46TH LANE #202
83:
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: Donald R. Langevin DONALD R. LANGEVIN 3/5/95
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 | SD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | OAKLEY, MARJORIE | 12 NAME | | |
| STREET ADDRESS | 1739 SE 46TH LANE, 203 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | CD | ☒ Change ☐ Addition |
| NAME | LANGEVIN, DONALD R. | 22 NAME | SAME | |
| STREET ADDRESS | 1739 SE 46TH LN 202 | 23 STREET ADDRESS | SAME | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | 24 CITY-ST-ZIP | SAME | |
| TITLE | TD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | LANGEVIN, JO ANN | 32 NAME | | |
| STREET ADDRESS | 1739 SE 46TH LN 202 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | 34 CITY-ST-ZIP | | |
| TITLE | CD | 41 TITLE | D | ☐ Change ☐ Addition |
| NAME | RENIER, DONALD | 42 NAME | SAME | |
| STREET ADDRESS | 1741 SE 46TH LANE #204 | 43 STREET ADDRESS | SAME | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | 44 CITY-ST-ZIP | SAME | |
| TITLE | VD | 51 TITLE | D | ☐ Change ☐ Addition |
| NAME | OAKLEY, HARVEY | 52 NAME | SAME | |
| STREET ADDRESS | 1741 SE 46TH LN 203 | 53 STREET ADDRESS | SAME | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | 54 CITY-ST-ZIP | SAME | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Donald R. Langevin D.R. LANGEVIN 3/5/95 (813) 458-0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:27

DOCUMENT # **743950** **(8)**

1. Corporation Name

**THE GARDENS OF KENDALL PROPERTY OWNERS ASSOCIATI ON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10625 SW 112 AVE.<br>UNIT 108<br>MIAMI FL 33176 | 10975 SW 107 ST<br>#111<br>MIAMI FL 33176<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1978
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2066756 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 10635 SW 112 AVENUE | 26 c/o Diane Burt |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 12079 SW 131 Ave. |
| City & State<br>23 MIAMI, FL | City & State<br>28 Miami, FL |
| Zip / Country<br>24 33176 / 25 USA | Zip / Country<br>29 33186 / 30 USA |

**9. Name and Address of Current Registered Agent**

HYMAN, MICHAEL
14TH FL.COURTHOUSE TWR.
44 W.FLAGLER ST.
MIAMI FL 33130

**10. Name and Address of New Registered Agent**

31 Name: SKRLD, Inc.
32 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite #1102
33
34 City: Coral Gables **FL** 35 Zip Code: 33134

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: SKRLD, Inc. by Linda Fenn — DATE: 3/27/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing electronically)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | JAMES, WILLIAM | 12 NAME | |
| STREET ADDRESS | 10975 SW 107TH ST. #111 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 00000 | 14 CITY-ST-ZIP | |
| TITLE | SD | 21 TITLE | VP/D ☒ Change ☐ Addition |
| NAME | CRESSMAN, CHUCK | 22 NAME | DESROSIERS, DALE |
| STREET ADDRESS | 10373 SW 120 STREET | 23 STREET ADDRESS | 10985 SW 107 STREET, #111 |
| CITY ST ZIP | MIAMI, FL 00000 | 24 CITY-ST ZIP | MIAMI, FL 33176 |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GITTO, AL | 32 NAME | |
| STREET ADDRESS | 10625 SW 112 AVE | 33 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | S/D ☒ Change ☐ Addition |
| NAME | STEIN, MARVIN | 42 NAME | CLARK, CHARLES |
| STREET ADDRESS | 10425 SW 112 AVE | 43 STREET ADDRESS | 10425 SW 112 AVENUE, #301 |
| CITY ST ZIP | MIAMI, FL 00000 | 44 CITY ST ZIP | MIAMI, FL 33176 |
| TITLE | DVP | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | DAVIS, HELEN | 52 NAME | YANIS, PHYLLIS |
| STREET ADDRESS | 10985 SW 107TH ST. #118 | 53 STREET ADDRESS | 10525 SW 112 AVENUE, #208 |
| CITY ST ZIP | MIAMI, FL 00000 | 54 CITY ST ZIP | MIAMI, FL 33176 |
| TITLE | DT | 61 TITLE | T/D ☒ Change ☐ Addition |
| NAME | TAYLOR, DON | 62 NAME | TAYLOR, DON |
| STREET ADDRESS | 10425 SW 112 AVE. | 63 STREET ADDRESS | 8306 MILLS DR., SUITE #378 |
| CITY ST ZIP | MIAMI, FL 00000 | 64 CITY ST ZIP | MIAMI, FL 33176 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** William E. James WILLIAM E JAMES 2/27/95 305-255-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MIAMI

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

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 28 PM 6:23**

DOCUMENT # **744171** **(0)**

1. Corporation Name

**INTRACOASTAL NORTH CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % SUMMIT PROPERTY MGMT., INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 | % SUMMIT PROPERTY MGMT., INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1973275 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

SUMMIT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

**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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~VD~~ | 11 TITLE | N/D ☐ Change ☐ Addition |
| NAME | LAFFERTY, JAN | 12 NAME | |
| STREET ADDRESS | 1057 HILLSBORO MILE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HILLSBORO BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | ~~SDT~~ | 21 TITLE | P/S/D ☐ Change ☐ Addition |
| NAME | LONG, DEBBIE | 22 NAME | |
| STREET ADDRESS | 1498 SW 15 ST | 23 STREET ADDRESS | |
| CITY ST ZIP | BOCA RATON, FL 00000 | 24 CITY-ST-ZIP | |
| TITLE | ~~D~~ | 31 TITLE | D ☑ Change ☐ Addition |
| NAME | ~~JAECKS, LAURA~~ | 32 NAME | Daniel Douglas Bellante |
| STREET ADDRESS | ~~510 NE 4TH LANE~~ | 33 STREET ADDRESS | 55 N. Spanish Trail |
| CITY ST ZIP | ~~BOCA RATON, FL 00000~~ | 34 CITY-ST-ZIP | Boca Raton, FL |
| 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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

**SIGNATURE:** _____ 3-6-95 407 338 4302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # **744172** **(8)**

1. Corporation Name
**INTRACOASTAL SOUTH CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SUMMIT PROPT. MGMT INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 | C/O SUMMIT PROPT. MGMT INC.<br>6289 W. SUNRISE BLVD., SUITE 202<br>SUNRISE FL 33313 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2976463 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

SUMMIT PROPT MGMT, INC.
6289 W. SUNRISE BLVD.
STE 202
SUNRISE FL 33313

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, ROGER | 12 NAME | |
| STREET ADDRESS | 65 S SPANISH TR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SANSONE, DAN | 22 NAME | |
| STREET ADDRESS | 65 S.E. SPANISH TR #203 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 24 CITY-ST-ZIP | |
| TITLE | ~~VD~~ | 31 TITLE | VP ☑ Change ☐ Addition |
| NAME | ~~MATEER, RICHARD B~~ | 32 NAME | Jim Chachovich |
| STREET ADDRESS | ~~21301 POWERLINE RD #309~~ | 33 STREET ADDRESS | 801 SW 2nd St. |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 34 CITY-ST-ZIP | Boca Raton, FL 33486 |
| TITLE | ~~SD~~ | 41 TITLE | SD ☑ Change ☐ Addition |
| NAME | ~~MURPHY, RICHARD~~ | 42 NAME | James Slavick |
| STREET ADDRESS | ~~65 SE SPANISH TRAIL, #105~~ | 43 STREET ADDRESS | 65 SE Spanish Trail, #U-106 |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 44 CITY-ST-ZIP | Boca Raton, FL 33486 |
| TITLE | | 51 TITLE | D ☑ Change ☐ Addition |
| NAME | | 52 NAME | Juan C Cortin, Jr. |
| STREET ADDRESS | | 53 STREET ADDRESS | 65 SE Spanish Tr., #U-202 |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Boca Raton, FL 33486 |
| 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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] ROGER H. MILLER 3/7/95 407 368 7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000007

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

CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:21

DOCUMENT # **744228** **(8)**

1. Corporation Name
**CLEARWATER BUCS BUNCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 4633<br>CLEARWATER FL 34618<br>US | P O BOX 4633<br>CLEARWATER FL 34618 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1978**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-1847244** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

BERKLER, J. D.
813 SEVARD AVE
CLEARWATER FL 34624

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 restating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BERKLER, J. D | 12 NAME | |
| STREET ADDRESS | 813 SEVARD AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SCHANZER, DAVID | 22 NAME | |
| STREET ADDRESS | 2798 COTTONWOOD CT | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | KEEL, SHARON | 32 NAME | |
| STREET ADDRESS | 11421 116TH ST N. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | KEEL, LYLE | 42 NAME | |
| STREET ADDRESS | 11421 116TH ST N. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Lyle N. Keel — 3/24/95 — (813) 582-2282
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

LYLE N. KEEL - TREASURER

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

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:35

DOCUMENT # 744325 (2)

1. Corporation Name
CREATIVE SERVICES INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 2022 S. PINE #7<br>P.O. BOX 2193<br>OCALA FL 34478<br>US | 2022 S. PINE #7<br>P.O. BOX 2193<br>OCALA FL 34478<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1978
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1876422 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SHOOK, JAMES A
721 NE 3RD ST.
OCALA FL 32670

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 34470

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | HENNING, STEVE | 12 NAME | Binstead, George | |
| STREET ADDRESS | 19251 NW 21 CT | 13 STREET ADDRESS | 2901 S.W. 41 Street #1016 | |
| CITY-ST-ZIP | CITRA FL | 14 CITY-ST-ZIP | Ocala, FL 34474 | |
| TITLE | TD | 21 TITLE | VP | ☒ Change ☐ Addition |
| NAME | BINSTEAD, GEORGE | 22 NAME | Rich, Mary S. | |
| STREET ADDRESS | 2527 SE 28 LN | 23 STREET ADDRESS | 1802 N.W. 24 Court | |
| CITY-ST-ZIP | OCALA FL | 24 CITY-ST-ZIP | Ocala, FL 34475 | |
| TITLE | D | 31 TITLE | S | ☐ Change ☒ Addition |
| NAME | LUCAS, LINDA | 32 NAME | Rowland, Evelyn | |
| STREET ADDRESS | 4300 SE 59TH ST | 33 STREET ADDRESS | 7314 S.W. 42 Place #B | |
| CITY-ST-ZIP | OCALA FL | 34 CITY-ST-ZIP | Gainesville, FL 32608 | |
| TITLE | D | 41 TITLE | T | ☒ Change ☐ Addition |
| NAME | MATHIS, CHARLES I | 42 NAME | Sarres, George | |
| STREET ADDRESS | 4921 NE 7 ST | 43 STREET ADDRESS | 1921 S.E. Ft. King Street | |
| CITY-ST-ZIP | OCALA FL | 44 CITY-ST-ZIP | Ocala, FL 34470 | |
| TITLE | D | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | WEST, CAROLYN | 52 NAME | Singletary, Susan | |
| STREET ADDRESS | 300 SW 36 PLACE | 53 STREET ADDRESS | P. O. Box 1987 N/A | |
| CITY-ST-ZIP | OCALA FL | 54 CITY-ST-ZIP | Ocala, FL 34478 | |
| TITLE | P | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | SARRES, GEORGE | 62 NAME | Hennessy, Carole | |
| STREET ADDRESS | 1921 SE FT KING ST | 63 STREET ADDRESS | 1127 N.E. 42 Avenue | |
| CITY-ST-ZIP | OCALA FL | 64 CITY-ST-ZIP | Ocala, FL 34470 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

**SIGNATURE:** _____ 03/01/95 (904)854-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George Binstead

743275

# Creative Services, Inc.

*Rape Crisis Center* *Spouse Abuse Shelter*

*24-Hour Hotline*

***622-8495***

Board of Directors continued:

No Changes

D
West, Carolyn
300 S.W. 36 Place
Ocala, FL 34471

D
Mathis IV, Charles
4921 N.E. 7 Street
Ocala, FL 34470

D
Lucas, Linda
4300 S.E. 59 Street
Ocala, FL 34480

Change Address & Title

D
Johnston, Linda
4037 N.W. Blitchton Rd.#15
Ocala, FL 34482

Delete

D
Henning, Steve
19251 N.W. 21 Court
Citra, FL 32113

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

CORPORATION ANNUAL REPORT **1995**

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

FILED
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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:33

DOCUMENT # **744403** **(7)**

1. Corporation Name

**ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 201 SO 'F' STR<br>PENSACOLA FL 32501<br>US | 201 SO 'F' STR<br>PENSACOLA FL 32501<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2072922 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

GERESCHER, MICHAEL B
201 SOUTH "F" STREET
PENSACOLA, FL LP 32501

**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 reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | D | ☐ Change ☒ Addition |
| NAME | TOWNSEND, BRUCE | 12 NAME | David Hawkins | |
| STREET ADDRESS | 9220 PINE FOREST RD | 13 STREET ADDRESS | 9220 Pine Forest Road | |
| CITY-ST-ZIP | PENSACOLA FL | 14 CITY-ST-ZIP | Pensacola FL 32534 | |
| TITLE | D | 21 TITLE | VD | ☐ Change ☒ Addition |
| NAME | MCCOMBS, MIKE | 22 NAME | Mike Moore | |
| STREET ADDRESS | 604 CANAL ST | 23 STREET ADDRESS | 55 South "A" Street | |
| CITY-ST-ZIP | MILTON FL | 24 CITY-ST-ZIP | Pensacola FL 32501 | |
| TITLE | TD | 31 TITLE | TD | ☐ Change ☒ Addition |
| NAME | MCELHANY, TOM | 32 NAME | Michael McCray | |
| STREET ADDRESS | 1004 DOG TRACK ROAD | 33 STREET ADDRESS | 372 West Roberts Road | |
| CITY-ST-ZIP | PENSACOLA FL | 34 CITY-ST-ZIP | Cantonment FL 32533 | |
| TITLE | P | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | MCLEMORE, MIKE | 42 NAME | | |
| STREET ADDRESS | 4522 N. DAVIS HWY | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | PD | ☐ Change ☒ Addition |
| NAME | FELL, FRED | 52 NAME | Thomas E. Godwin | |
| STREET ADDRESS | 372 W ROBERTS RD | 53 STREET ADDRESS | 100 South Pace Blvd | |
| CITY-ST-ZIP | CANTONMENT FL | 54 CITY-ST-ZIP | Pensacola FL 32501 | |
| TITLE | D | 61 TITLE | SD | ☐ Change ☒ Addition |
| NAME | ARMSTRONG, RICK | 62 NAME | John D. Scapin II | |
| STREET ADDRESS | 3920 N DAVIS HWY | 63 STREET ADDRESS | 24 Horseshoe Lane | |
| CITY-ST-ZIP | PENSACOLA FL | 64 CITY-ST-ZIP | Pensacola FL 32503 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

**SIGNATURE:** Michael A. McCray Michael McCray 3-15-95 904-433-5391
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:22

DOCUMENT # **744601** **(6)**

1. Corporation Name

**IMPERIAL COVE CONDOMINIUM XIV ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 19029 US 19 NORTH<br>CLEARWATER FL 34624<br>US | 19029 US 19 NORTH<br>CLEARWATER FL 34624<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1978
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1977489 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

SHAW, MARLENE S.
19029 US 19 NORTH
CLUBHOUSE OFFICE
CLEARWATER FL 34624

**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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 11 TITLE | SD | ☒ Change ☐ Addition |
| NAME | SIMPSON, NELLIE | 12 NAME | ZULLO, GERTRUDE | |
| STREET ADDRESS | 19029 US 19 NORTH, 26-206 | 13 STREET ADDRESS | 19029 US HWY 19 NORTH, 26-305 | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | CLEARWATER, FL | |
| TITLE | TD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | EAGLE, RALPH | 22 NAME | | |
| STREET ADDRESS | 19029 US HWY N. 26-104 | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 24 CITY-ST-ZIP | | |
| TITLE | VPD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ODOM, JAMES | 32 NAME | | |
| STREET ADDRESS | 19029 US HWY NO. 26-307 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | BURNSIDE, NORA | 42 NAME | ASHOFF, MARGARET A. | |
| STREET ADDRESS | 19029 HWY 19 N 26-208 | 43 STREET ADDRESS | 19029 US HWY 19 NORTH, 26-204 | |
| CITY-ST-ZIP | CLEARWATER FL | 44 CITY-ST-ZIP | CLEARWATER, FL | |
| TITLE | PD | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | REICHERT, BUD | 52 NAME | | |
| STREET ADDRESS | 19029 US HWY 19 N 26-403 | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Bud J. Reichert 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Bud J. Reichert, President

00196 U

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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:21

DOCUMENT # **744971** **(3)**

1. Corporation Name
**CAPRI LAGOONS, UNIT III, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 250 104TH AVE.<br>TREASURE ISLAND FL 33706 | 250 104TH AVE.<br>TREASURE ISLAND FL 33706 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1978
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2060099 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

LAMONT, SUE
250 104TH AVE.
TREASURE ISLAND FL 33706

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | PD ☑ Change ☐ Addition |
| NAME | THOMPSON, ROBERT | 12 NAME | Rosemary Thompson |
| STREET ADDRESS | 12548 CAPRI CIRCLE N. | 13 STREET ADDRESS | 12543 Capri Circle N. |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | 14 CITY-ST-ZIP | Treasure Island FL 33706 |
| TITLE | STD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | VERNOTZY, JOAN | 22 NAME | |
| STREET ADDRESS | 12552 CAPRI CIR N | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE IS, FL FL 33706 | 24 CITY-ST-ZIP | |
| TITLE | PD | 31 TITLE | VD ☑ Change ☐ Addition |
| NAME | KOONS, GARNER | 32 NAME | CAROL MALKIN |
| STREET ADDRESS | 12554 CAPRI CIRCLE N. | 33 STREET ADDRESS | 12546 Capri Circle N. |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | 34 CITY-ST-ZIP | Treasure Island, FL 33706 |
| 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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Carol L. Malkin CAROL L. MALKIN VICE PRESIDENT 3/23/95 $13 360-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # **745064** (6)

1. Corporation Name

**COCOA BEACH BOATING CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~GREGORY A. POPP~~<br>~~775 E MERRITT ISLAND CSWAY #110~~<br>~~MERRITT ISLAND FL 32952~~<br>SAME<br>SAM HUEY<br>645 S. ATLANTIC Ave Cocoa Beach FL 32931 | ~~GREGORY A. POPP~~<br>~~775 E MERRITT ISLAND CSWAY #110~~<br>~~MERRITT ISLAND FL 32952~~ |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 645 S. ATLANTIC Ave | 2a. Mailing Address<br>26 645 S. ATLANTIC Ave |
| Suite, Apt. #, etc.<br>22 — | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 COCOA BEACH, FL | City & State<br>28 COCOA BEACH, FL |
| Zip / Country<br>24 32931 / 25 U.S.A | Zip / Country<br>29 32931 / 30 U.S.A. |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>11/27/1978 | 3a. Date of Last Report<br>03/04/1994 |
| 4. FEI Number<br>59-1889055 | ☐ Applied For<br>☐ 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | **$68.75** Supplemental Fee Not Required |
| 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 |
|---|---|
| POPP, GREGORY A.<br>775 E MERRITT ISLD CSWY #110<br>MERRITT ISLAND 32952 | 81 Name: SAM HUEY<br>82 Street Address (P.O. Box Number is Not Acceptable): 645 S. ATLANTIC AVE<br>83<br>84 City: COCOA BEACH FL 85 Zip Code: 32931 |

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: Sam M. Huey — SAM M. HUEY — 3/15/95
(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 | P | 11 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | MARTIN, JAY | 12 NAME | MARY THOMPSON | |
| STREET ADDRESS | 560 S BREVARD AVE S626 | 13 STREET ADDRESS | 125 ST CROIX | |
| CITY-ST-ZIP | COCOA BEACH FL | 14 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | V | 21 TITLE | VP | ☒ Change ☐ Addition |
| NAME | THOMPSON, MARY | 22 NAME | FRED LEISER | |
| STREET ADDRESS | 125 ST CROIX AVE | 23 STREET ADDRESS | 23 WEST POINT DRIVE | |
| CITY-ST-ZIP | COCOA BEACH FL | 24 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | SD | 31 TITLE | SEC | ☒ Change ☐ Addition |
| NAME | WRINKLE, NICOLE | 32 NAME | LISA PURGIN | |
| STREET ADDRESS | 300 S BANANA RIV DR S305 | 33 STREET ADDRESS | 1701 BAYSHORE DRIVE | |
| CITY-ST-ZIP | COCOA BEACH FL | 34 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | T | 41 TITLE | TREASURER | ☐ Change ☐ Addition |
| NAME | NOACK, JESSIE | 42 NAME | JESSIE NOACK | |
| STREET ADDRESS | 1095 SAMAR RD | 43 STREET ADDRESS | 1095 SAMAR Road | |
| CITY-ST-ZIP | COCOA BEACH FL | 44 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | D | 51 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | RAGLAND, MINNIE | 52 NAME | BILL CHAPP | |
| STREET ADDRESS | 3799 S BANANA RIV BLVD | 53 STREET ADDRESS | 6305 Grayland Apt 1131 | |
| CITY-ST-ZIP | COCOA BEACH FL | 54 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |
| TITLE | D | 61 TITLE | DIRECTOR | ☐ Change ☐ Addition |
| NAME | HOKANSON, MARK | 62 NAME | JEANE REASONER | |
| STREET ADDRESS | 1611 MINUTEMEN CAUSEWAY #310 | 63 STREET ADDRESS | 205 S. BANANA River Blvd Apt #201 | |
| CITY-ST-ZIP | COCOA BEACH FL | 64 CITY-ST-ZIP | COCOA BEACH, FL 32931 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Mary Thompson — 3/22/95 — 407-784-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)