

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 APR 12 PM 11:45

DOCUMENT # 747810 (0)

1. Corporation Name

S.O.CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1112 W MAIN STREET P.O. BOX 49-1113 LEESBURG FL 34719-8113	Mailing Address 1112 W MAIN STREET P.O. BOX 49-1113 LEESBURG FL 34719-8113
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3. Date Incorporated or Qualified 06/25/1979	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2030167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

**MASSEY, GARY E.
1112 W. CITURS COURT
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 registering)

12. OFFICERS AND DIRECTORS

TITLE D	NAME PRICE, JOSEPH
STREET ADDRESS 1112 W MAIN ST #J6	
CITY - ST - ZIP LEESBURG FL	
TITLE TD	NAME HAYES, WILLIAMS
STREET ADDRESS 1112 W. MAIN STREET #J7	
CITY - ST - ZIP LEESBURG FL	
TITLE VD	NAME MULARSKY, GETZEL
STREET ADDRESS 1005 N. PERKINS STREET	
CITY - ST - ZIP LEESBURG FL	
TITLE PD	NAME VANCE, JOHN
STREET ADDRESS 1112 W MAIN ST #14	
CITY - ST - ZIP LEESBURG, FL 00000	
TITLE SD	NAME GAGE, SALLY
STREET ADDRESS 1112 W. MAIN ST. H-6	
CITY - ST - ZIP LEESBURG FL	
TITLE D	NAME DEELEY, PAUL
STREET ADDRESS 27 LONESOME PINE TRAIL	
CITY - ST - ZIP YALAHA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Hayes, William
2.3 STREET ADDRESS	1112 W. Main Street #J7
2.4 CITY - ST - ZIP	Leesburg, Fl.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD E. Elizabeth Braxton
3.3 STREET ADDRESS	9541 Silver Lake Drive
3.4 CITY - ST - ZIP	Leesburg, Florida 34788
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 appointment with an address.

SIGNATURE: E. Elizabeth Braxton **E. Elizabeth Braxton, Treasurer/Dir. 904 326-5091**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)

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1995



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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:45

DOCUMENT # 747864 (7)

1. Corporation Name

LITTLE LAKE HARRIS RECREATION CLUB, INC.

Principal Place of Business
P.O. Box 35
13310 WOODLAND DRIVE
ASTATULA FL 34725
US

Mailing Address P.O. Box 35
13310 WOODLAND DRIVE
ASTATULA FL 34705
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/29/1979
3a. Date of Last Report 04/20/1994
4. FEI Number 59-2254115
Applied For Not Applicable

2. Principal Place of Business
21 13325
Suite, Apt. #, etc.
22 WOODLAND DR.
City & State
23 ASTATULA FLA LAKE
Zip
24 34705 Country
25 LAKE
2a. Mailing Address
26 P.O. Box 35
Suite, Apt. #, etc.
27
City & State
28 ASTATULA FLA
Zip
29 34705 Country
30 LAKE

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
WHITESELE, GENE
13310 WOODLAND DRIVE
ASTATULA FL 34705

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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 handling)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	STUTZHAM, JIM
STREET ADDRESS	13528 PALM DRIVE
CITY - ST - ZIP	ASTATULA FL
TITLE	B
NAME	BLACK, GEO
STREET ADDRESS	13310 PENN. ST
CITY - ST - ZIP	ASTATULA FL
TITLE	D
NAME	SCHOKA, BERT
STREET ADDRESS	20024 AZALEA LANE
CITY - ST - ZIP	ASTATULA FL
TITLE	T
NAME	WHITESELL, GENE
STREET ADDRESS	13310 WOODLAND
CITY - ST - ZIP	ASTATULA, FL 00000
TITLE	D
NAME	SLAYBACK, ROBERT
STREET ADDRESS	13576 PALM DRIVE
CITY - ST - ZIP	ASTATULA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	✓
12 NAME	JOHN CRAIG JR.
13 STREET ADDRESS	13308 WOODLAND DR.
14 CITY - ST - ZIP	ASTATULA FLA 34705
21 TITLE	D
22 NAME	DOROTHY BLACK
23 STREET ADDRESS	13319 PENN ST - ASTATULA FLA.
24 CITY - ST - ZIP	34705
31 TITLE	D
32 NAME	RICHARD MCGLOSSON
33 STREET ADDRESS	13444 PALM DRIVE
34 CITY - ST - ZIP	ASTATULA FLA. 34705
41 TITLE	D
42 NAME	MELVIN MCGLOSSON
43 STREET ADDRESS	25911 ZINNA LANE
44 CITY - ST - ZIP	ASTATULA FLA 34705
51 TITLE	D
52 NAME	ALEXANDER OLIVER
53 STREET ADDRESS	26003 AZALEA LN.
54 CITY - ST - ZIP	ASTATULA FLA 34705
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of 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, unchanged, or on an attachment with an address.

SIGNATURE:

Gene M. Whitesele, Treasurer

4-7-99

904-742-2163

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 12 PM 12:10

DOCUMENT # 747895 (1)

1. Corporation Name
**RIVER VILLA OF COCOA BEACH CONDOMINIUM ASSOCIATI
 ON, INC.**

Principal Place of Business 3100 S ATLANTIC AVE COCOA BCH FL 32931	Mailing Address 3100 S ATLANTIC AVE COCOA BCH FL 32931
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3058711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

**WATSON, HELEN MRS
 3100 S. ATLANTIC AVENUE #102
 COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing)

12. OFFICERS AND DIRECTORS	
TITLE STD	WATSON, HELEN MRS 3100 S. ATLANTIC AVENUE #102 COCOA BEACH FL
TITLE PD	ELSEY, DAVID MR 3100 S. ATLANTIC AVENUE #101 COCOA BEACH FL
TITLE D	KELLY, PAUL MR 56 MOORLAND ROAD SCITUATE MA
TITLE D	SULLIVAN, FRANCIS C. 28 FOSTER DRIVE FRAMINGHAM MA
TITLE VPD	LAPLANTE, THRESEA MS 524 EUTHERA LANE INDIAN HARBOR BEACH FL
TITLE D	OCKWELL, GARRY MR 381 CRYSTAL LAKE ROAD MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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: **HELEN K. WATSON - STD** **4/6/95** **783-1045**
Signature and typed or printed name of signing officer or director Date System Phone #

Helen K. Watson