

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

1995



DOCUMENT # N07919 (6)

NORTHLAKE VILLAGE COMMUNITY ASSOCIATION, INC.

03/01/1985
03/04/1994
59-2542961
FL

C/O PRESIDENTIAL GROUP SOUTH
885 DOUGLAS AVENUE
ALTAMONTE SPGS FL 32714
US

C/O PRESIDENTIAL GROUP SOUTH
885 DOUGLAS AVE
ATLAMONTE SPGS FL 32714
US

3. Date of registration: 03/01/1985
3a. Date of expiration: 03/04/1994
4. Taxpayer ID: 59-2542961
5. Additional Fee Required: \$8.75
6. May Be Added to Fees: \$5.00
7. Supplemental Fee Not Required: \$68.75
8. The corporation is eligible for an optional tax year: No

21. *Handwritten notes*
22. *Handwritten notes*
23. *Handwritten notes*
24. *Handwritten notes*
25. *Handwritten notes*
26. *Handwritten notes*
27. *Handwritten notes*
28. *Handwritten notes*
29. *Handwritten notes*
30. *Handwritten notes*

9. Name and Address of Current Registered Agent

GUADAGNINO, TONY
C/O PRESIDENTIAL GROUP SOUTH, INC.
885 DOUGLAS AVE.
ALTAMONTE SPGS. FL 32714

10. Name and Address of New Registered Agent

B1. Name: *William G. Ferraro*
B2. *William G. Ferraro*
B3. *7925 South Ranges Boulevard*
B4. *Winter Park* FL B5. *32789-4147*

11. I, the undersigned, being a resident or officer of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is authorized to do business in this State, and that I am a resident of this State, and I hereby accept the appointment as registered agent of said corporation.

Signature: William G. Ferraro *Signature: William G. Ferraro* *Date: April 14, 1995*

12. List of members:
PD NEWBERRY, ELISA
908 NORTHLAKE DR
SANFORD FL
DV ESHLEMAN, GEORGE
1507 NORTHLAKE VILLAGE DR
SANFORD FL
STD FERRARA, ELIZABETH
203 NORTHLAKE DRIVE
SANFORD FL

13. List of members:
PD *Handwritten notes*
DV *Handwritten notes*
STD *Handwritten notes*

14. I hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is authorized to do business in this State, and that I am a resident of this State, and I hereby accept the appointment as registered agent of said corporation.

SIGNATURE: *Signature* *Date: April 14, 1995*

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1995



RECEIVED
MAY 19 1995

MAY 19 12:01

DOCUMENT # **N08250** (5)

POINCIANA CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2297 W GULF DR P.O. BOX 694 SANIBEL ISLAND FL 33957	2297 W GULF DR P.O. BOX 694 SANIBEL ISLAND FL 33957	3. Date of Incorporation 03/19/1985	3a. Date of Last Report 05/01/1994
21. Filing State FL	26. Filing State FL	4. Filing Number 59-2646918	Applied For <input type="checkbox"/> Not Applicable
22. Filing State FL	27. Filing State FL	5. Certificate of Status Issued <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Filing State FL	28. Filing State FL	6. Certificate of Compliance Issued <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Filing State FL	29. Filing State FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
25. Filing State FL		8. This corporation is included, for example, in another S-CORPORATION <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAMBECK, NICK 1630 PERIWINKLE WAY P O BOX 694 SANIBEL FL 33957		81. Name 82. Filing Number 1633 Periwinkle Way 83. City 84. State FL 85. Zip Code	

11. I, the undersigned, Secretary of the above named corporation, hereby certify that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as Secretary of the corporation. I hereby accept the appointment as registered agent of the corporation and agree to accept the responsibility for the corporation's compliance with the provisions of the Florida Statutes.

SIGNATURE: *[Signature]* 4/25/95

12. NAME (PLEASE PRINT FULL NAME)	13. ADDRESS (PLEASE PRINT FULL ADDRESS)
TD FRANK, WILLIAM 2297 W GULF DR. SANIBEL FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE
PD GLUTH, ROBERT 1725 CLEVELAND AVE CHICAGO IL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE
VSD FAY, P. DONALD 9050 DUNMORE DR. DALLAS TX	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE
NAM	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE
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14. I, the undersigned, hereby certify that the information furnished herein is true and correct, and that the undersigned is duly qualified to act as Secretary of the corporation. I hereby accept the appointment as registered agent of the corporation and agree to accept the responsibility for the corporation's compliance with the provisions of the Florida Statutes.

SIGNATURE: *William Frank* 4/22/95 813472 X 20

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FD

1995



DOCUMENT # N08264 (6)

THE FLAGLER BEACH HOUSE CONDOMINIUM ASSOCIATION INC.

6802 VALLEY OAK RD ORLANDO FL 32808 2144 PENN DR DELAND, FLA 32724

3 03/20/1985 01/31/1994
4 59-2513870
5 \$8.75 Additional Fee Required
6 \$5.00 May Be Added to Fees
7 \$68.75 Supplemental Fee Not Required
8 Name and Address of New Registered Agent

21 26 2144 PENN DR
22 27 DELAND, FLORIDA
23 28
24 25 29 32724 30 Volusia

FRYE, CHARLOTTE
5802 VALLEY OAK RD
ORLANDO FL 32808
2144 PENN DRIVE
DELAND, FLORIDA
32724

81 Name SAME
82
83
84
85 FL

11. I, the undersigned, being duly sworn, depose and say that the above named corporation, partnership, unincorporated firm, trust, or other entity, for the purpose of responding to the above-captioned notice, is a corporation, partnership, unincorporated firm, trust, or other entity, and the undersigned is a resident agent of such entity.

Table with columns for Name, Address, and checkboxes for Change/Added. Rows include: WELKER, CAROL; MARTIN, W.A.; FRYE, CHARLOTTE; HEDRICK, DR. R; YOUNG, ROBERT.

14. I, the undersigned, being duly sworn, depose and say that the undersigned, having been duly sworn and qualified, for the execution of this certificate, is a resident agent of the above-captioned corporation, partnership, unincorporated firm, trust, or other entity, and the undersigned is a resident agent of such entity.

SIGNATURE: Charlotte T. Frye
CHARLOTTE T. FRYE
April 27, 1995 904-943-881K

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # **N08292** (7)

TALL PINES COMMUNITY ASSOCIATION, INC.

RECEIVED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 40347 US 19 NORTH STE. 133 TARPON SPRINGS FL 34689-4841 US
Mailing Address: 40347 US 19 NORTH STE. 133 TARPON SPRINGS FL 34689-4841 US

2. Principal Place of Business: 21 State App # 22 City & State: 23
2a. Mailing Address: 26 State App # 27 City & State: 28

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2722574
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. \$5.00 May Be Added to Fees
7. \$68.75 Supplemental Fee Not Required
8. Yes No

9. Name and Address of Current Registered Agent: SPROWLS, JOSEPH D. C/O HOLIDAY ISLES PROP. MGT., INC. 40347 US 19 NORTH STE. 113 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent: 81 Name: C/O Premiere Management 82 Agent's License or ID No. Number, if Not Applicable: FL 85 Agent Code

11. Signature: *Joseph D. Sprowls* 4/20/95

12. OFFICERS AND DIRECTORS
P SMITH, THEODORE 10734 FIDDESTICKS COURT NEW PORT RICHEY FL
VP LONSWAY, BEVERLEY 10826 LA QUINTA DRIVE NEW PORT RICHEY FL
S ZOLTON, BATHORY 10726 LA QUINTA DRIVE NEW PORT RICHEY FL
D SPRENTALL, ROBERT 10920 BROOKHAVEN DRIVE NEW PORT RICHEY FL
D BEACHAM, WALTER 8625 MUTTONTOWN ROAD NEW PORT RICHEY FL
D KRASKA, FRANK 10811 BROOKHAVEN DRIVE NEW PORT RICHEY FL

13. ADDITIONAL OFFICERS AND DIRECTORS
TD Shipley, Esther 7638 Rockville Ct New Port Richey, FL 34654
P Lonsway, Beverly 10862 La Quinta Dr New Port Richey, FL 34654
Bathory, Zoltan
D Nagy, Dale 10312 Pine Needles Dr New Port Richey, FL 34654

14. Signature: *Beverly J. Lonsway* 4-12-95 813-845-8980
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Beverly J. Lonsway

AJ5829Z

Tall Pines Community Association

Document # N08292

FEI # 59-2722574

D
Perweiler, Rosemary
10815 Chenequa Court
New Port Richey, FL 34654

D
Berlin, Irene
7610 Oakmont Lane
New Port Richey, FL 34654

D
Gulotta, Vincent
7226 Baltusrol Dr
New Port Richey, FL 34654

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CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **N08675** (3)

COUNTRY HILLS HOMEOWNERS ASSOCIATION, INC.

MAY 1 1995 PM 12:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REGISTRATION STATE OF THIS SOURCE

3. Date incorporated or organized	3a. Date of Last Report
04/12/1985	03/28/1994
4. FIC Number	Applied For Not Applicable
59-2520273	
5. Certificate of Status (Fees)	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Certificate of Good Standing (Fees)	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with 501(c)(3) Status Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for delinquency for under 15 days under 15 days of delinquency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1. Principal Place of Business	Main Address
P O BOX 4172 PLANT CITY FL 33564-4172	P O BOX 4172 PLANT CITY FL 33564-4172
2. Principal Place of Business	Main Address
21. State and # of	26. State and # of
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

HURLBURT, ROBERT D
4617 SUMMER WIND CT
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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

I, the undersigned, the president or secretary of the corporation, hereby certify that the information furnished herein is true and correct for the purposes of this report and that the information is true and correct for the purposes of this report and that the information is true and correct for the purposes of this report.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS								
<table border="1"> <tr> <td>NAME</td> <td>D FISKE, ROBERT E</td> </tr> <tr> <td>ADDRESS</td> <td>4729 WESTWIND DR PLANT CITY FL</td> </tr> </table>	NAME	D FISKE, ROBERT E	ADDRESS	4729 WESTWIND DR PLANT CITY FL	<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> </table>	NAME		ADDRESS	
NAME	D FISKE, ROBERT E								
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ADDRESS	4735 S. DAWNMEADOW CRT PLANT CITY FL								
NAME									
ADDRESS									

I, the undersigned, certify that the information furnished herein is true and correct for the purposes of this report and that the information is true and correct for the purposes of this report.

SIGNATURE: *Robert Hurlburt* Robert Hurlburt 4-25-95 (913) 621-1397