

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N31304** (1)

1. Corporation Name

**ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER, INC.**

Principal Place of Business: **3319 MAGUIRE BLVD., SUITE 155 (32803)  
P. O. BOX 140532  
ORLANDO FL 32814**

Mailing Address: **3319 MAGUIRE BLVD., SUITE 155 (32803)  
P. O. BOX 140532  
ORLANDO FL 32814**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/22/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3147059</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CLASSE WANDA CLASSE MARKETING &amp; MANAGEMENT INC. 3319 MAGUIRE BLVD., SUITE 155 ORLANDO FL 32803</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		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

(Agent) Name, printed name of registered agent and Florida address

(Officer) Registered Agent or other registered officer (optional)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD LINDSEY, ALLEN 2125 AVOCAO AVE. MELBOURNE FL</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE	<b>STD SNODGRASS, TOBY 1581 R.J. CONLAN BLVD., NE STE 104 PALM BAY FL</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE	<b>VD ESTES, BOB 4105 PINETREE PLACE COCOA FL</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE	<b>MD CLASSE, JACK 32319 MAGUIRE BLVD., #155 ORLANDO FL</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>Frank Shafer</b>
STREET ADDRESS		43 STREET ADDRESS	<b>2220 Quarterman Road</b>
CITY ST ZIP		44 CITY ST ZIP	<b>Malabar, FL 32950</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 1.19(1)(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: *Frank Shafer* **Frank Shafer** 4-26-95 407-768-8165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Sandra B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

DOCUMENT # **N31308** (2)

1. Corporation Name  
**SECLUDED WOODS HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2003 MARYE BRANT SOUTH NEPTUNE BEACH FL 32266	2043 MARYE BRANT LOOP N NEPTUNE BEACH FL 32266 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1989	05/01/1994
4. FEI Number	Applied For
59-2946530	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 2031 MARYE BRANT LP	26. P.O. Box 330226
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State NEPTUNE BEACH FL Zip 32266 Country DUVAL	28. City & State ATLANTIC BEACH, FL Zip 32233 Country DUVAL

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 § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BENJAMIN, STEVEN C.  
2043 MARYE BRANT LOOP N  
NEPTUNE BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name	ALICE DUDLEY
82 Street Address (P.O. Box Number is Not Acceptable)	2037 MARYE BRANT LP
83	
84 City	NEPTUNE BEACH FL
85 Zip Code	32266

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: *Alice Dudley* ALICE DUDLEY DATE: 4-24-95

12. OFFICERS AND DIRECTORS

12.1 NAME	P CUSTIS, DONALD
12.2 STREET ADDRESS	1312 JENKS COURT
12.3 CITY, ST, ZIP	NEPTUNE BEACH FL
12.4 NAME	S VANDERBAAN, DEBRA
12.5 STREET ADDRESS	2003 MARYE BRANT SOUTH
12.6 CITY, ST, ZIP	NEPTUNE BEACH FL
12.7 NAME	D ZANETTA, LEAH
12.8 STREET ADDRESS	2014 MARYE BRANT SOUTH
12.9 CITY, ST, ZIP	NEPTUNE BEACH FL
12.10 NAME	D GRISSON, BARBARA W
12.11 STREET ADDRESS	2003 MARYE BRANT LOOP S
12.12 CITY, ST, ZIP	NEPTUNE BEACH FL
12.13 NAME	T BENJAMIN, STEVEN C
12.14 STREET ADDRESS	2043 MARYE BRANT LOOP N
12.15 CITY, ST, ZIP	NEPTUNE BEACH FL
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. ADDITIONS, CHANGES, DELETIONS AND ELECTIONS IN 12

13.1 NAME	P TIM STRONG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	2031 MARYE BRANT LP	
13.3 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	
13.4 NAME	VIP JOHN SNEAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	2035 MARYE BRANT LP	
13.6 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	
13.7 NAME	T ALICE DUDLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	2037 MARYE BRANT LP	
13.9 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	
13.10 NAME	S DEANNE DUNLOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	2033 MARYE BRANT LP	
13.12 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	
13.13 NAME	D LINDA BASSETT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS	2038 MARYE BRANT LP	
13.15 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	
13.16 NAME	D DOUG SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 STREET ADDRESS	2046 MARYE BRANT LP	
13.18 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266	

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 on Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Alice Dudley* ALICE DUDLEY DATE: 4-24-95 246-8773