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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31566 (5)

1. Corporation Name

PASADENA HILLS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CATHERINE D. MAYFIELD 4233 CAPITAL CIR. N.W. TALLAHASSEE FL 32303	C/O CATHERINE D. MAYFIELD 4233 CAPITAL CIR. N.W. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1989
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-6201905 ☐ Applied For ☐ Not Applicable

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

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

MAYFIELD, CATHERINE D
4223 CAPITAL CIRCLE NW
TALLAHASSEE FL 32311

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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	MAYFIELD, CATHERINE D.	4223 CAPITAL CIRCLE NW.	TLLAHASSEE FL
D	GUERINO, JAMES R.	5893 BRIGHT COURT	TALLAHASSEE FL
D	MAYFIELD, EMORY	4223 CAPITAL CIRC N.W.	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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: Catherine D Mayfield — 4/28/95 — 904-562-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0002234

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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[illegible] MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N31700 (0)

1. Corporation Name

PENSHURST PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAMI 2055 WOOD ST., SUITE 202 SARASOTA FL 34237	C/O PAMI 2055 WOOD ST., SUITE 202 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1989	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0143017	☐ Applied For ☐ Not Applicable

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

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
PROPERTY & ACCOUNTING MGT. 2055 WOOD ST., STE. 202 SARASOTA FL 34237	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 reinstating) DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 1 TITLE	D ☒ Change ☐ Addition
NAME	KRITZER, DR. LEONARD	1 2 NAME	Kritzer, Dr. Leonard
STREET ADDRESS	3072 HIGHLANDS BRIDGE RD	1 3 STREET ADDRESS	3072 Highlands Bridge Rd.
CITY ST ZIP	SARASOTA FL 34235	1 4 CITY ST ZIP	Sarasota, FL 34235
TITLE	V	2 1 TITLE	VD ☐ Change ☒ Addition
NAME	SCHEUER, PAUL	2 2 NAME	DeGroote, Lynn
STREET ADDRESS	3091 HIGHLANDS BRIDGE RD	2 3 STREET ADDRESS	4081 Penshurst Park
CITY ST ZIP	SARASOTA FL 34235	2 4 CITY ST ZIP	Sarasota, FL 34235
TITLE	T	3 1 TITLE	PTD ☒ Change ☐ Addition
NAME	NABOR, DONALD	3 2 NAME	Naber, Donald
STREET ADDRESS	4004 PENSHURST PRK	3 3 STREET ADDRESS	4004 Penshurst Park
CITY ST ZIP	SARASOTA FL 34235	3 4 CITY ST ZIP	Sarasota, FL 34235
TITLE	D	4 1 TITLE	D ☐ Change ☒ Addition
NAME	WINSTON, SANDRA	4 2 NAME	Sommer, George
STREET ADDRESS	4044 PENSHURST PARK	4 3 STREET ADDRESS	4036 Penshurst Park
CITY ST ZIP	SARASOTA FL 34235	4 4 CITY ST ZIP	Sarasota, FL 34235
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	SHANER, CLIFFORD	5 2 NAME	
STREET ADDRESS	3094 HIGHLANDS BRIDGE RD.	5 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34235	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	KENNEY, DONALD	6 2 NAME	
STREET ADDRESS	4048 PENSHURST PARK	6 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34235	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: W Donald Naber — 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. Donald Naber

0018697