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 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40073 (1)

1. Corporation Name

WINDING CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
912 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3205	912 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3111368 ☐ 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

RICH, A. WAYNE
912 NORTH HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Mathis, Jean C.
82 Street Address (P.O. Box Number is Not Acceptable): 912 N, Highland Ave
83
84 City: Orlando FL 85 Zip Code: 32803

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: JEAN C. MATHIS, JCMathis (Signature, typed or printed name of registered agent and, if applicable, NOTE: Registered Agent signature required when reinstating) 5/1/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☒ Addition
NAME	RICH, A. WAYNE	12 NAME	Douglas, Sharon	
STREET ADDRESS	912 NORTH HIGHLAND AVE.	13 STREET ADDRESS	811 Little Creek Road	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32825	
TITLE	VD	21 TITLE	VD	☐ Change ☒ Addition
NAME	MATHIS, JEAN C.	22 NAME	Jones, Linda	
STREET ADDRESS	912 NORTH HIGHLAND AVE.	23 STREET ADDRESS	823 Little Creek Road	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 32825	
TITLE	STD	31 TITLE	VD	☐ Change ☒ Addition
NAME	EDWARDS, JUDITH A.	32 NAME	Robinson, Lorraine	
STREET ADDRESS	912 NORTH HIGHLAND AVE.	33 STREET ADDRESS	819 Cloyd Dairy Loop	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Orlando, FL 32825	
TITLE		41 TITLE	SD	☐ Change ☒ Addition
NAME		42 NAME	Hall, Deirdre	
STREET ADDRESS		43 STREET ADDRESS	917 Little Creek Road	
CITY ST ZIP		44 CITY ST ZIP	Orlando, FL 32825	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Hudson, Terry	
STREET ADDRESS		53 STREET ADDRESS	934 Little Creek Road	
CITY ST ZIP		54 CITY ST ZIP	Orlando, FL 32825	
TITLE		61 TITLE	T	☐ Change ☒ Addition
NAME		62 NAME	Salati, Tiffany	
STREET ADDRESS		63 STREET ADDRESS	10233 Winding Creek Lane	
CITY ST ZIP		64 CITY ST ZIP	Orlando, FL 32825	

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: Sharon K Douglas (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) 5/11/95 (Date) 407/382-8333 (Daytime Phone #)

0004188

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

[illegible] 10:15

[illegible] OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41383** **(3)**

1. Corporation Name

HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES , INC.

Principal Place of Business	Mailing Address
718 OCEAN BLVD ATLANTIC BCH. FL 32233 US	P. O. BOX 50939 JACKSONVILLE BCH. FL 32240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0234544 — ☐ 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 [ ] — County 25 [ ]

2a. Mailing Address — 26 [ ] — Suite, Apt. #, etc. 27 [ ] — City & State 28 [ ] — Zip 29 [ ] — County 30 [ ]

9. Name and Address of Current Registered Agent

CLARKE, DAVE
9774 DEER RUN DR.
PONTE VEDRA BCH. FL 32082

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 [illegible] (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WINEREE, ANN 680 EAST COAST DR ATLANTIC BCH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition D President Bill Gulliford 75 Beach Ave.,A.B.,Fl.32233
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S Secretary GOMEZ, MARGARET 212 33RD AVE. S. JACKSONVILLE BCH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition D Vice President Dave Clarke 9774 Deer Run Dr.,P.V.B.,Fl.32082
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D O'NEILL, MARGARET 207 MYRTLE ST. NEPTUNE BCH. FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition D Treasurer Paul Finley 672 Ponte Vedra Blvd.,P.V.,Fl.32082
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CARLSON, LINDA 107 E DOLPHIN BLVD PONTE VEDRA FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition Pres Elect Michael Gardner 112 Hidden Cove Ponte Vedra Bch, FL 32082
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 4/20/95 (904) 218-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MARGARET GOMEZ

0026249