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

RECEIVED
95 JUL 20 PM 1:21

DOCUMENT # N94000002472 (8)

1. Corporation Name
HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business: 3627 UNIVERSITY BLVD. JACKSONVILLE FL 32216-7404

Mailing Address: 3627 UNIVERSITY BLVD. JACKSONVILLE FL 32216-7404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3627 University Blvd	26 3627 University Blvd
Suite, Apt #, etc: 22 Suite 800	Suite, Apt #, etc: 27 Suite 800
City & State: 23 Jacksonville, Fl	City & State: 28 Jacksonville, Fl
Zip: 24 32216 / Country: 25 USA	Zip: 29 32216 / Country: 30 USA

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3308169 ☐ 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

9. Name and Address of Current Registered Agent

GORDON, WILLIAM K
RT. 3, BOX 3050
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name: J. Brooks Brown
82 Street Address (P.O. Box Number is Not Acceptable): 3627 University Blvd
83 Suite 800
84 City: Jacksonville FL 85 Zip Code: 32216

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: J. Brooks Brown [signature] 5/22/95

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		13.		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BROWN, J. BROOKS	12 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216-7404	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VACANT	☒ Change ☐ Addition
NAME	GORDON, WILLIAM K	22 NAME		
STREET ADDRESS	RT. 3, BOX 3050	23 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JACK	32 NAME		
STREET ADDRESS	P.O. BOX 1338 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE		☐ Change ☐ Addition
NAME	PENCE, ADELE J.	42 NAME		
STREET ADDRESS	14830 Plumosa Drive	43 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville Beach, FL 32250	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	#Deposited by Bank [initials]	
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 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: J. Brooks Brown [signature] 5/22/95 904-391 1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0001580

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **N94000002495 (9)**

COMMUNITY HOUSING AND SHELTER FOUNDATION INC.

700001545677
-07/25/95--01091--008
******8.75 ******8.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
740 NE 167TH STREET STE. 32 NO. MIAMI BEACH FL 33162	740 NE 167TH STREET STE. 32 NO. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report:
4. FEI Number: 65 0501543 — ☑ 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 ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

Principal Place of Business	Mailing Address
21 2450 Hollywood BLVD.	26 SAME AS PRINCIPAL
Suite, Apt. #, etc. 22 606 A	Suite, Apt. #, etc. 27
City & State 23 Hollywood, FL	City & State 28
Zip 24 33020 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD. STE. 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: FRITZ SCHEIBER
82 Street Address (P.O. Box Number is Not Acceptable): 1250 ADAMS ST
83
84 City: Hollywood FL 85 Zip Code: 33019

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

* SIGNATURE: _____ (Typed or Printed Name of Registered Agent and Officer if a Corporation) _____ (Date)

12 OFFICERS AND DIRECTORS	13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS
Title: D Name: SCHEIBER, FRITZ H Street Address: C/O 740 N.E. 167TH STREET STE. 32 City-St-Zip: NO. MIAMI BEACH FL 33162	Title: M.O. ☑ Change ☐ Addition Name: SCHEIBER, FRITZ Street Address: C/O 2450 Hollywood BLVD. STE. 606A City-St-Zip: Hollywood, FL 33020
Title: D Name: SCHEIBER, LYDIA M Street Address: C/O 740 N.E. 167TH STREET STE. 32 City-St-Zip: NO. MIAMI BEACH FL 33162	Title: D ☑ Change ☐ Addition Name: SCHEIBER, LYDIA M Street Address: C/O 2450 HOLLYWOOD BLVD STE. 606 A City-St-Zip: HOLLYWOOD, FL 33020
Title: D Name: SCHEIBER, MADELYN Street Address: C/O 740 N.E. 167TH STREET STE. 32 City-St-Zip: NO. MIAMI BEACH FL 33162	Title: D ☑ Change ☑ Addition Name: MARK SEBASTIAN Street Address: C/O 2450 HOLLYWOOD BLVD STE. 606 A City-St-Zip: HOLLYWOOD, FL 33020
	Title: D ☐ Change ☑ Addition Name: TIMOTHY MCLAUGHLIN Street Address: C/O 2450 HOLLYWOOD BLVD STE. 606 A City-St-Zip: HOLLYWOOD FL 33020
	Title: D ☐ Change ☑ Addition Name: ANTHONY DAVIS Street Address: C/O 2450 HOLLYWOOD BLVD STE 606 A City-St-Zip: HOLLYWOOD, FL 33020
	Title: D ☐ Change ☑ Addition Name: MICHAEL KEITH Street Address: C/O 2450 HOLLYWOOD BLVD STE 606A City-St-Zip: HOLLYWOOD, FL 33020

14. I/We hereby certify that the information supplied with this report is validly formatted 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 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 above, or on an attachment with an address.

SIGNATURE: _____ 6/29/95 305-933-1841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
FRITZ SCHEIBER M.O.

CR2E037 (3/95)

0008880

N94000002495

LAW OFFICES OF

STEVEN N. PARKS, P.A.

STEVEN N. PARKS
DIANA R. CUERVO
of Counsel

1940 Harrison Street
Suite 302
Hollywood, Florida 33020
Tel: 305-923-8260
Fax: 305-925-1540

June 19, 1995

Florida Department of State
Division of Corporations, Annual Reports
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Cynthia Hendrickson

RE: Matter: **Community Housing and Shelter Foundation, Inc.**
ANNUAL REPORT - 1995
File#: 9573

Dear Ms. Hendrickson:

Pursuant to our telephone conversation on 6/19/95 in reference to the above captioned, I am enclosing copies of the Annual Report filed by Community Housing and Shelter Foundation, Inc. in April, 1995 and a copy of their cancelled check to the Department of State in the amount of $61.25. Please correct your records to reflect that the above corporation did file their Annual Report for 1995 in a timely manner before May 1, 1995.

Once you have corrected your records, please furnish our office with a Certificate of Good Standing. Our check in the amount of $8.75 is enclosed for this service.

Please also note that there will be a change of address effective July 1, 1995 for the above corporation to:

2450 Hollywood Boulevard, Suite 606A
Hollywood, Florida 33020

Should you have any questions regarding the above matter, please do not hesitate to contact me.

Thanking you for your anticipated cooperation, I remain

Very truly yours,

Steven N. Parks

SNP:lml
Enclosures

cc: Community Housing & Shelter Foundation, Inc.

305 - 925-1941

CH