FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

[illegible]

APPROVED
AND
FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33299 (1)

1. Corporate Name

OWNERS' ASSOCIATION AT NORTH BEACH VILLAGE, INC.

Principal Place of Business
6250 HOLMES BLVD
UNIT 40LF DR.
HOLMES BEACH FL 34217

Mailing Address
6250 HOLMES BLVD
UNIT 40LF DR.
HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1989
3a. Date of Last Report: 10/11/1994
4. FEI Number: 65-0140063 ☐ 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 6250 HOLMES BLVD
Suite, Apt. #, etc.
22 UNIT 40
City & State
23 HOLMES BEACH FL
Zip 24 34217 Country 25 USA

2a. Mailing Address
26 6250 HOLMES BLVD
Suite, Apt. #, etc.
27 UNIT 40
City & State
28 HOLMES BEACH FL
Zip 29 34217 Country 30 USA

9. Name and Address of Current Registered Agent

COLLINS, R. RICHARD
6250 HOLMES BLVD
UNIT 40LF DR.
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81 Name: COLLINS R. RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 6250 HOLMES BLVD
83 UNIT 40
84 City: HOLMES BEACH **FL** 85 Zip Code: 34217

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1-1 TITLE DP	☒ Change ☐ Addition
NAME	MARSICANO, CHARLES A	1-2 NAME	CORSI, HENRY
STREET ADDRESS	6250 HOLMES BLVD #33	1-3 STREET ADDRESS	6250 HOLMES BLVD #32
CITY-ST-ZIP	HOLMES BEACH FL 34217	1-4 CITY-ST-ZIP	HOLMES BEACH FL 34217
TITLE	DV	2-1 TITLE	DV ☒ Change ☐ Addition
NAME	CLARK, H. JOSEPH	2-2 NAME	PETT, NORMA W.
STREET ADDRESS	6250 HOLMES BLVD #27	2-3 STREET ADDRESS	6250 HOLMES BLVD #68
CITY-ST-ZIP	HOLMES BEACH FL 34217	2-4 CITY-ST-ZIP	HOLMES BEACH FL 34217
TITLE	DV	3-1 TITLE	DST ☒ Change ☐ Addition
NAME	COLLINS, R. RICHARD	3-2 NAME	COLLINS R. RICHARD
STREET ADDRESS	6250 HOLMES BLVD #40	3-3 STREET ADDRESS	6250 HOLMES BLVD #40
CITY-ST-ZIP	HOLMES BEACH FL 34217	3-4 CITY-ST-ZIP	HOLMES BEACH FL 34217
TITLE		4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE		5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE		6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: R. RICHARD COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

(813)778-2450
Daytime Phone #

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

FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33337** **(9)**

1. Corporation Name

**CONGRESSIONAL AWARD COUNCIL OF FIRST CONGRESSION
AL DISTRICT OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
AMERICAN BANK AND TRUST 101 W GARDEN ST PENSACOLA FL 32501 US	AMERICAN BANK & TRUST 101 W GARDEN ST PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1989
3a. Date of Last Report: 09/23/1994
4. FEI Number: 59-2960603 ☐ 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 WILLIAM B. CAUDLE, II	26 WILLIAM B. CAUDLE, II
Suite, Apt. #, etc 22 110 WILLING ST.	Suite, Apt. #, etc 27 110 WILLING ST.
City & State 23 MILTON FL	City & State 28 MILTON FL
Zip 24 32570 · Country 25 US	Zip 29 32570 · Country 30 US

9. Name and Address of Current Registered Agent

CAUDLE, WILLILAM B., III
110 WILLING ST.
MILTON FL 32570

CAUDLE, William B II

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	13.	ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KREHELY, MARTHA	12 NAME	
STREET ADDRESS	6780 BUNKER HILL CIR	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BALL, ANNA H	22 NAME	
STREET ADDRESS	6903 KITTY HAWK DR	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAUDLE, WILLIAM B III	32 NAME	
STREET ADDRESS	110 WILLING ST	33 STREET ADDRESS	
CITY ST ZIP	MILTON FL 32570	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RESTUCHER, MARGARET	42 NAME	
STREET ADDRESS	3000 CANNONDADE DR	43 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	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	
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: Martha L. Krehely MARTHA L. KREHELY — 4/28/95 — (904) 456-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #