

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

APPROVED
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MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N40073	(1)
1. Corporation Name WINDING CREEK OWNERS ASSOCIATION, INC.		

Principal Place of Business 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3205	Mailing Address 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3205
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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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 § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent RICH, A. WAYNE 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803	
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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	
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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 5/1/95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RICH, A. WAYNE
STREET ADDRESS	912 NORTH HIGHLAND AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	VD
NAME	MATHIS, JEAN C.
STREET ADDRESS	912 NORTH HIGHLAND AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	STD
NAME	EDWARDS, JUDITH A.
STREET ADDRESS	912 NORTH HIGHLAND AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Douglas, Sharon
1.3 STREET ADDRESS	811 Little Creek Road
1.4 CITY, ST, ZIP	Orlando, FL 32825
2.1 TITLE	VD
2.2 NAME	Jones, Linda
2.3 STREET ADDRESS	823 Little Creek Road
2.4 CITY, ST, ZIP	Orlando, FL 32825
3.1 TITLE	VD
3.2 NAME	Robinson, Lorraine
3.3 STREET ADDRESS	819 Cloyd Dairy Loop
3.4 CITY, ST, ZIP	Orlando, FL 32825
4.1 TITLE	SD
4.2 NAME	Hall, Deirdre
4.3 STREET ADDRESS	917 Little Creek Road
4.4 CITY, ST, ZIP	Orlando, FL 32825
5.1 TITLE	D
5.2 NAME	Hudson, Terry
5.3 STREET ADDRESS	934 Little Creek Road
5.4 CITY, ST, ZIP	Orlando, FL 32825
6.1 TITLE	T
6.2 NAME	Salati, Tiffany
6.3 STREET ADDRESS	10233 Winding Creek Lane
6.4 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 110.07(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 my address.

SIGNATURE: Sharon K Douglas 5/1/95 407/382-8333

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mottam
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

(Signature typed in printed name of registered agent and printed name of officer or director)

(Print) (Registered Agent (signature required when registered))

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☒ Change

☐ Addition

President

Bill Gulliford

75 Beach Ave., A.B., FL 32233

☒ Change

☐ Addition

Vice President

Dave Clarke

9774 Deer Run Dr., P.V.B., FL 32082

☒ Change

☐ Addition

Treasurer

Paul Finley

672 Ponte Vedra Blvd., P.V., FL 32082

☒ Change

☐ Addition

Pres Elect

Michael Gardner

112 Hidden Cove

Ponte Vedra Bch, FL 32082

☐ Change

☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(9)(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 of this report, or on an attachment with an address.

SIGNATURE:

Margaret Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET GOMEZ

4/20/95 (10) 28-1201
Date (Signature)