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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:18

DOCUMENT # 760757 (5)

1. Corporation Name

LAKESIDE MEWS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
224 COMMERCIAL BLVD SUITE 200 LAUDERDALE BY THE SEA FL 33308	224 COMMERCIAL BLVD SUITE 200 LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2354839 ☐ 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
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

HOLZER, WILLIAM J
224 COMMERCIAL BLVD
SUITE 200
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name: Friedt, Glenn H., Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 224 Commercial Blvd.
83: Ste. 200
84 City: Lauderdale By The Sea, FL 85 Zip Code: 33308

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D/S	☒ Change ☐ Addition
NAME	FRIEDT, GLENN H. JR.	12 NAME	Friedt, Glenn H. Jr.	
STREET ADDRESS	224 COMMERCIAL BLD #200	13 STREET ADDRESS	224 Commercial Blvd.	
CITY-ST-ZIP	LAUDER BY THE SEA FL	14 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308	
TITLE	VDS	21 TITLE	Delete (Deceased)	☒ Change ☐ Addition
NAME	HOLZER, WILLIAM J.	22 NAME		
STREET ADDRESS	224 COMMERCIAL BLD #200	23 STREET ADDRESS		
CITY-ST-ZIP	LAUDER BY THE SEA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	WOOD, DAVID C	32 NAME		
STREET ADDRESS	224 COMMERCIAL BLD #200	33 STREET ADDRESS		
CITY-ST-ZIP	LAUDER BY THE SEA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	S/D	☐ Change ☒ Addition
NAME		42 NAME	O'Toole, Robert	
STREET ADDRESS		43 STREET ADDRESS	224 Commercial Blvd	
CITY-ST-ZIP		44 CITY-ST-ZIP	Lauderdale By The Sea, FL 33308	
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	REMITTED BY MAY 1	
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)(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: _____ 04/27/95 (305) 493-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000661

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

DOCUMENT # **762993** **(4)**

1. Corporation Name

ALZHEIMER'S SUPPORT NETWORK, INC.

Principal Place of Business	Mailing Address
660 TAMIAMI TRAIL NORTH SUITE 37 NAPLES FL 33940	660 TAMIAMI TRAIL NORTH SUITE 37 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1982
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-2198939 ☐ 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 X $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)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

POLLARD, CHARLES J
660 TAMIAMI TRAIL NORTH
SUITE 37
NAPLES FL 33940

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	POLLARD, CHARLES J	12 NAME	
STREET ADDRESS	1001 ORIOLE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP	
TITLE	~~VD~~	21 TITLE	☐ Change ☒ Addition
NAME	~~VANE, DOROTHY~~	22 NAME	VD Beatrice Youker
STREET ADDRESS	~~5853 RIVERSIDE LANE~~	23 STREET ADDRESS	342 S. Golf Dr.
CITY-ST-ZIP	~~FT MYERS FL 33919~~	24 CITY-ST-ZIP	Naples, Florida 33940
TITLE	~~SD~~	31 TITLE	☐ Change ☒ Addition
NAME	~~WORKMAN, SUSAN~~	32 NAME	SD Terry L. Elder
STREET ADDRESS	~~P.O. BOX 06137~~	33 STREET ADDRESS	3134 Kings Lake Blvd.
CITY-ST-ZIP	~~FT MYERS FL 33908~~	34 CITY-ST-ZIP	~~Naples, Florida 33962~~
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	POLLARD, SUSAN S	42 NAME	
STREET ADDRESS	1001 ORIOLE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	☐ Change ☒ Addition
NAME	~~BAQUERO, WASINGTON M.D.~~	52 NAME	D Virginia Smith
STREET ADDRESS	~~1705 COLONIAL BLVD.~~	53 STREET ADDRESS	1000 Lely Palms Drive
CITY-ST-ZIP	~~FT. MYERS FL 33901~~	54 CITY-ST-ZIP	Naples, Florida 33962
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, SUSAN	62 NAME	
STREET ADDRESS	18145 HILOA DR., SE	63 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP	

RECEIVED BY MAY 1

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: Charles J. Pollard 4/27/95 813-262-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000083

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

FILED
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DIVISION OF CORPORATIONS
95 MAY -1 PM 12:10

DOCUMENT # 763081 (7)

1. Corporation Name

SIERRA CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2305 SIERRA LANE MAITLAND FL 32751	2305 SIERRA LANE MAITLAND FL 32751

3. Date Incorporated or Qualified: 05/03/1982
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-2218167 (Applied For / Not Applicable)
5. Certificate of Status Desired: [X] $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 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

ANDREWS, PAT
2305 SIERRA LANE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

61 Name: VIVIAN BEASLEY
62 Street Address (P.O. Box Number is Not Acceptable): 2305 SIERRA LANE
63
64 City: MAITLAND FL 65 Zip Code: 32751

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: V. Beasley (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4.13.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD SACKETT, MARGARET 2342 SIERRA LANE MAITLAND FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Vivian Beasley 2305 Sierra Lane Maitland, FL. 32751	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDREWS, PAT 2305 SIERRA LANE MAITLAND FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Secretary/Treasurer Eileen Patton 2346 Sierra Lane Maitland, FL. 32751	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Carroll Wood 2322 Sierra Lane Maitland, FL. 32751	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vivian Beasley (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 2.13.95 Daytime Phone #: 407 380.2000

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