SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:32

DOCUMENT # 739431 (5)

1. Corporation Name

JOCKEY CLUB OF NORTH PORT PROPERTY OWNERS' ASSOC IATION, INC.

Principal Place of Business	Mailing Address
3050 PAN AMERICAN BLVD NORTH PORT FL 34287	3050 PAN AMERICAN BLVD NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1977
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2009930 ☐ 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

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HANSON, J.R.
2407 SHENANDOAH ST
NORTHPORT FL 34287

10. Name and Address of New Registered Agent

31 Name: Joseph J. Mandina
32 Street Address (P.O. Box Number is Not Acceptable): 3261 Nekoosa Street
33
34 City: North Port FL 35 Zip Code: 34287

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: X [signature] Joseph J. Mandina, President June 9, 1995
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	HANSON, JAMES R	12 NAME	Joseph J. Mandina
STREET ADDRESS	2407 SHENANDOAH ST	13 STREET ADDRESS	3261 Nekoosa Street
CITY-ST-ZIP	NORTH PORT FL	14 CITY-ST-ZIP	North Port, FL 34287
TITLE	T	21 TITLE	Treasurer ☒ Change ☐ Addition
NAME	HOWARD, LUCILLE A.	22 NAME	Lewis M. Culp
STREET ADDRESS	3178 GREEN DALE RD	23 STREET ADDRESS	2286 Vestridge Street
CITY-ST-ZIP	NORTH PORT FL	24 CITY-ST-ZIP	North Port, FL 34287
TITLE	D	31 TITLE	Vice President ☒ Change ☐ Addition
NAME	DI NICOLA, TONY	32 NAME	Robert P. Schwartz
STREET ADDRESS	3015 GREENDALE ROAD	33 STREET ADDRESS	2605 Pan American Blvd.
CITY-ST-ZIP	NORTH PORT FL	34 CITY-ST-ZIP	North Port, FL 34287
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ALLEN	42 NAME	
STREET ADDRESS	1649 TAMIAMI TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Secretary ☒ Change ☐ Addition
NAME	TRIBBETT, ROBERT	52 NAME	Jean Roehrs
STREET ADDRESS	3588 ERIE COURT	53 STREET ADDRESS	3085 Pan American Blvd.
CITY-ST-ZIP	NORTH PORT FL	54 CITY-ST-ZIP	North Port, FL 34287
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TRIBBETT, ROBERT	62 NAME	
STREET ADDRESS	3588 ERIE CT	63 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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: X [signature] Joseph J. Mandina, President 6-9-95 426-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016037