FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995
NON-PROFIT

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

120

APPROVED AND FILED
95 MAY -1 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001504139
-06/02/95--01010--007
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 208523 (1)

1. Corporation Name
BELVEDERE APARTMENTS OF CLEARWATER INC

Principal Place of Business	Mailing Address
C/O WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN ROAD CLEARWATER FL 34625 US	C/O WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD. CLEARWATER FL 34625 US

3. Date Incorporated or Qualified: 12/26/1957
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0864992 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WANEK PROPERTY MANAGEMENT 2155 NE COACHMEN ROAD CLEARWATER FL 34625	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 ________ New Director ________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ VP	1.1 TITLE	D ☐ Change ☒ Addition
NAME	~~HALL, JACK~~ ZWERS, KATHY	1.2 NAME	BRAYTON, RUTH
STREET ADDRESS	~~300 N. OSCEOLA AVE., #6D~~ 300 N. OSCEOLA AVE. #	1.3 STREET ADDRESS	300 N. OSCEOLA AVE. #5C
CITY ST ZIP	~~CLEARWATER, FL 00000~~ CLEARWATER FL	1.4 CITY ST ZIP	CLEARWATER FL
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	EGBERT, CONSTANCE C.	2.2 NAME	
STREET ADDRESS	300 N. OSCEOLA AVE. 2D	2.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	2.4 CITY ST ZIP	
TITLE	~~D~~ T	3.1 TITLE	☐ Change ☐ Addition
NAME	FORD, CLARENCE H.	3.2 NAME	900001504139
STREET ADDRESS	300 N. OSCEOLA AVE. 6D	3.3 STREET ADDRESS	-06/02/95--01010--008
CITY ST ZIP	CLEARWATER, FL 00000	3.4 CITY ST ZIP	*****70.00 *****70.00
TITLE	~~D~~ D	4.1 TITLE	☐ Change ☐ Addition
NAME	FEELEY, JOSEPHINE M.	4.2 NAME	
STREET ADDRESS	300 N. OSCEOLA AVE. 4C	4.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EGBERT, LESLIE JR.	5.2 NAME	
STREET ADDRESS	300 N OSCEOLA AVE 2C	5.3 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	5.4 CITY ST ZIP	
TITLE	~~VD~~ P	6.1 TITLE	☐ Change ☐ Addition
NAME	DEPOOLE, ANN	6.2 NAME	**REMITTED BY MAY 1**
STREET ADDRESS	300 N. OSCEOLA AVE., #7E	6.3 STREET ADDRESS	5/1/95
CITY ST ZIP	CLEARWATER FL	6.4 CITY ST ZIP	MS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann J. DePoole — ANN DE POOLE — 1-23-95 — 442-1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360395 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 223512 (5)

1. Corporate Name
CARIBEE COLONY INC

Principal Place of Business
1600 DAVIDSON ROAD
HIGHPOINT NC 27262

Mailing Address
1600 DAVIDSON ROAD
HIGHPOINT NC 27262

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 05/08/1959	3a. Date of Last Report: 11/01/1994
4. FEI Number	✓ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~THOMAS, GAYLORD~~
~~1017 COLONIAL ROAD~~
~~FT. PIERCE FL 34950~~

10. Name and Address of New Registered Agent

81 Name: Robert E. Maloney, Jr., Esq., Koblegard, P.A. Fee, Bryan &
82 Street Address (P.O. Box Number is Not Acceptable): 401A South Indian River Drive
83
84 City: Fort Pierce, FL 85 Zip Code: 34950

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: William H Dyson, Tres. DATE: 2/22/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FENNELL, BARBARA H
STREET ADDRESS	304 WILLTOWN ROAD
CITY-ST-ZIP	KINGS TREE SC 29556
TITLE	VS
NAME	AYERS, JACK
STREET ADDRESS	406 ROCKLEDGE
CITY-ST-ZIP	NEWBERN NC 28560
TITLE	T
NAME	DYSON, WILLIAM H
STREET ADDRESS	1600 DAVIDSON ROAD
CITY-ST-ZIP	HIGHPOINT NC 27262
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	$ DEPOSITED BY BANK	

REMITTED 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H Dyson William H. Dyson 3/23/95 407-461-5020
Robert E. Maloney, Jr., January 30, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0400200 FN