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

APPROVED AND FILED

95 APR 12 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001455030
-04/12/95--01108--018
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # **704781** **(4)**

1. Corporation Name

TROPICAL SHORES MANOR & VENETIAN PARK IMPROVEMEN T ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11820 WATTS CT. TAVARES FL 32778-4733 US	11820 WATTS CT. TAVARES FL 32778-4733 US

3. Date Incorporated or Qualified: **11/07/1962**
3a. Date of Last Report: **03/15/1994**
4. FEI Number: **59-6210270** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SACHTJEN, DOLORES L.
11820 WATTS COURT
TAVARES FL 32778

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	P	11 TITLE	☐ Change ☐ Addition
NAME	SACHTJEN, DOLORES L.	12 NAME	
STREET ADDRESS	11820 WATTS CT.	13 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KROOK, EERO	22 NAME	
STREET ADDRESS	31923 TROPICAL SHORE DR	23 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JANET	32 NAME	
STREET ADDRESS	31949 TROPICAL SHORES DR	33 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	D. ☒ Change ☐ Addition
NAME	REIMOLD, TRUDY	42 NAME	Howard Oglesby
STREET ADDRESS	31846 BLANTON LN.	43 STREET ADDRESS	31838 Tropical Shores
CITY-ST-ZIP	TAVARES, FL 00000	44 CITY-ST-ZIP	Tavares, Fl. 32778
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	OBERLANDER, ROBERT M.	52 NAME	
STREET ADDRESS	31927 TROPICAL SHORES DR.	53 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	ST ☒ Change ☐ Addition
NAME	STEWART, BETTY	62 NAME	Dorothy Tavernier
STREET ADDRESS	31938 TROPICAL SHORES DR.	63 STREET ADDRESS	31944 Tropical Shores
CITY-ST-ZIP	TAVARES, FL 00000	64 CITY-ST-ZIP	Tavares, Fl. 32778

4/4/12

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: DOLORES L SACHTJEN
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR

Dolores L. Sachtjen 4/3/95 904-343-0643
(Date) (Daytime Phone #)

0037408

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95 APR -3 PM 12:15

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 705245

1. Corporation Name

SACRED HEART HOSPITAL OF PENSACOLA

Principal Place of Business	Mailing Address
5151 N. NINTH AVENUE PENSACOLA, FL 32504	5151 N. NINTH AVENUE PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1963
3a. Date of Last Report: 01/18/94
4. FEI Number: 59-0634434 ☐ 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

KRAUS, SISTER IRENE
5151 N. NINTH AVENUE
PENSACOLA, FL 32504

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, SISTER CECELIA 900 CATON AVENUE BALTIMORE, MD 21229-5229	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D/C ☒ Change ☐ Addition ROSE, SISTER CECELIA 900 CATON AVENUE BALTIMORE, MD 21229-5229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISNIEWSKI, SISTER DESALES 1800 BARGE STREET JACKSONVILLE, FL 32204	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D ☒ Change ☐ Addition BOUDREAUX, SISTER ELISE 6801 AIRPORT BLVD. MOBILE, AL 36608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KRAUS, SISTER IRENE 5151 N. NINTH AVENUE PENSACOLA, FL 32504	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D ANGERMAIER, SISTER CLARE MARIE 5151 N. NINTH AVENUE PENSACOLA, FL 32504	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 800001454258 -04/12/95--01042--013 ****261.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/D NESLINE, SISTER MARY LOUIS 1120 VARNUM ST. NE WASHINGTON, DC 20017-2149	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDERS, SISTER CATHERINE 333 S. SETON AVENUE EMMITSBURG, MD	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D ☒ Change ☐ Addition WORLEY, SISTER ELIZABETH 6363 S. MIAMI AVENUE MIAMI, FL 33133

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: Sister Irene Kraus — 3/17/95 — (904) 474-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-3-95

12. **ADDITIONAL OFFICERS AND DIRECTORS OF SACRED HEART HOSPITAL OF PENSACOLA**

D
Dr. David McMahon
5190 Bayou Boulevard
Pensacola, FL 32503

D
Dudley H. Greenhut
Greenhut Construction Company
Post Office Box 32574
Pensacola, FL 32574

D
Dr. James W. Smith
5147 North 9th Avenue, #201
Pensacola, FL 32504

D
Mrs. Nancy Fetterman
3731 McClellan Road
Pensacola, FL 32503