SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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 8:28

DOCUMENT # **721058** **(6)**

1. Corporation Name

LANDOWNER'S CONSERVATION & PROTECTIVE ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
ASSOCIATION INC 15180 BISCAYNE BLVD. NO. MIAMI BCH FL 33160	ASSOCIATION INC 15180 BISCAYNE BLVD. NO. MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1971
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1684081 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
Zip (24) County (25)	Zip (29) County (30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PACE,JAMES G.
15180 BISCAYNE BLVD.
NO. MIAMI BEACH FL 33160

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 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: _____ 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	PACE,JAMES G.	12 NAME	
STREET ADDRESS	15180 BISCAYNE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	POGLITSCH, JOHN P.	22 NAME	
STREET ADDRESS	3255 NW 81 TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	JAHNIG, I M	32 NAME	
STREET ADDRESS	429 FLUVIA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	IGLESIAS, RAMON	42 NAME	
STREET ADDRESS	601 NE 105TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	WELLER, FRED W	52 NAME	
STREET ADDRESS	805 NE 115TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	54 CITY-ST-ZIP	
TITLE	SDT	61 TITLE	☐ Change ☐ Addition
NAME	RHOADS, A E	62 NAME	
STREET ADDRESS	19431 NW 23RD CT	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	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)(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: ✓ Jaime L. Pace 6-8-95 (305) 949-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008811

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

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 8:25

DOCUMENT # 721983 (5)

1. Corporation Name

SARASOTA-MANATEE MANUFACTURERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
240 N. WASHINGTON BLVD. STE. 300 SARASOTA FL 34236 US	240 N. WASHINGTON BLVD. STE. 300 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1971
3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2129773 ☐ 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 activity for intrastate tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 | 2a. Mailing Address 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

WHEELER, CHRIS
240 N. WASHINGTON BLVD.,
#300
SARASOTA FL 34236

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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 _____ 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	DTS	11 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, HOWARD	12 NAME		
STREET ADDRESS	7011-D 301 BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	WHEELER, CHRISTOPHER	22 NAME		
STREET ADDRESS	155 CATTLEMAN ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	FROSTAD, DAVID	32 NAME		
STREET ADDRESS	2036 - 20TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BARBERIO, ALAN	42 NAME		
STREET ADDRESS	1858 RINGLING BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CAVANAUGH, JOHN	52 NAME		
STREET ADDRESS	6121 PORTER RD.	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ELLIS, JOHN	62 NAME		
STREET ADDRESS	2041 WHITFIELD PARK AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA 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: Howard E. Taylor HOWARD E. TAYLOR/SECY/TRES 6/14/95 (941)751-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018052

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

DOCUMENT # 723281 (2)

1. Corporation Name

CASTLE #10 CONDOMINIUM, INC

Principal Place of Business	Mailing Address
2271 N.W. 47TH TERRACE P. O. BOX 8533 LAUDERHILL FL 33075	2271 N.W. 47TH TERRACE P. O. BOX 8533 LAUDERHILL FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1972
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1445087 — 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 2271 NW 47 TERR.	26 2271 NW 47 TERR
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27
City & State 23 LAUDERHILL FL	City & State 28 LAUDERHILL FL
Zip 24 33313 — Country 25	Zip 29 33313 — Country 30

9. Name and Address of Current Registered Agent

FOX, MAX
2271 NW 47 TERRACE
LAUDERHILL FL 33313

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 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 _____ 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	D	11 TITLE	D ☑ Change ☑ Addition
NAME	BURLAND, HAROLD	12 NAME	CELT, SYBIL
STREET ADDRESS	2271 NW 47 TERRACE	13 STREET ADDRESS	2271 NW 47 TERR
CITY-ST-ZIP	LAUDERHILL FL	14 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D	21 TITLE	D ☐ Change ☑ Addition
NAME	GREEN, HANNA	22 NAME	BUSHNER, SIDNEY
STREET ADDRESS	2271 NW 47 TERRACE	23 STREET ADDRESS	2271 NW 47 TER
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MANDELBERG, SAM	32 NAME	
STREET ADDRESS	2271 NW 47 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	T ☑ Change ☐ Addition
NAME	KALPPER, ALBERT	42 NAME	KLAPPER, ALBERT
STREET ADDRESS	2271 NW 47 TERRACE	43 STREET ADDRESS	2271 NW 47 TER.
CITY-ST-ZIP	LAUDERHILL FL	44 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	P	51 TITLE	O ☑ Change ☐ Addition
NAME	FOX, MAX	52 NAME	KORDON BETTY
STREET ADDRESS	2271 NW 47 TERRACE	53 STREET ADDRESS	2271 NW 47 TER.
CITY-ST-ZIP	LAUDERHILL FL	54 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	EDESESS, SOPHIE	62 NAME	~~MAX FOX~~
STREET ADDRESS	2271 NW 47 TERR.	63 STREET ADDRESS	DC
CITY-ST-ZIP	LAUDERHILL 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)(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: _____ 6/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007120