

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNUAL REPORT

1995



APPROVED
AND
FILED

DOCUMENT # 734958

(2)

APR 21 1995 16

ALPHA PSI CHAPTER HOUSE DELTA DELTA DELTA INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1134 E PANHELLENIC DRIVE GAINESVILLE FL 32601		1134 E PANHELLENIC DRIVE GAINESVILLE FL 32601		(WRITE IN THIS SPACE)	
3. Date of Incorporation (or 2 years)		3b. Date of Last Report			
02/13/1976		07/01/1994			
4. FIC Number		23-7197694		Applied For Not Applicable	
5. Available rate of Status (Percent)		\$8.75 Additional Fee Required			
6. Available rate of Status (Percent)		\$5.00 May Be Added to Fees			
7. Nonprofit with 80% or more Tax Exempt Status		\$68.75 Supplemental Fee Not Required			
8. Does corporation have liability for state income tax under S-199 (332) Florida Statutes		☐ Yes ☒ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PALMER, BOBRA PITTMAN 3510 N.W. 35TH PLACE GAINESVILLE FL 32605			81 Name		
			82 Agent Approval (FIC No. Number is Not Applicable)		
			83		
			84 City		
			FL 85 Zip Code		
11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes.					
SIGNATURE					
12. OFFICERS AND DIRECTORS					
NAME PD CUNDIFF, CAROLYN 7703 S.W. 6TH PLACE GAINESVILLE FL		13. ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
NAME SD LEMONS, MICHELE 2777 SW ARCHER RD., APT. AP 339 GAINESVILLE FL		PD Miller, Cynthia 2728 NW 62nd Terr Gainesville, FL 32606			
NAME TD HURTAK, DIANE 1729 NW 8 AVE GAINESVILLE FL		VPD Duvenhage, Taryn 2211 SW 83rd Court Gainesville, FL 32607			
		STD Hurtak, Diane 1729 NW 8 Avenue Gainesville, FL 32603			
		☐ Change ☒ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
		☐ Change ☐ Addition			
14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes.					
SIGNATURE:		Diane M. Hurtak 4/28/95 (904) 3920181 X 143			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Diane M. Hurtak					

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

APPROVED

(1)

000000 FM12:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The first group of people who are affected by the disease are those who are in the first stage of the disease.

2321 WEST GULF DR
P. O. BOX 694
SANIBEL FL 33957

3a. Date of Last Report	05/01/1994
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4. *Fla. Nutrient*
59-1659116

Applied for	
Not Applied for	

24. Dr. William A. Dwyer

20

5. *Conclusions* and *References* (10 pages)

**\$8.75 Additional
Fee Required**

27

6. $\lim_{x \rightarrow 0} \frac{1}{x} = \infty$ (or $-\infty$)

\$5.00 May Be
Added to Fees

28

7. *Mezaspis* with 10, subdivided

\$68.75 Supplemental
Fee Not Required

29 _____
Registered Agent

8. This corporation has authority to accept gifts under 26 U.S.C. 512.
☐ Yes ☐ No

1185 07N

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

01	Name	Nick Jambeck
02	Street Address	1633 Periwinkle Way
03		
04	City	Sanibel
		FL
05		335

[illegible]

SIGNATURE

4/25/95

12

PD
FOX, JEFF
21 BRUCE LANE
AVON, CT
VPD
SNYDER, RON
8311 SHELBYVILLE RD.
LOUISVILLE, KY
SD
MORTON, BALLARD
4502 UPPER RIVER RD.
LOUISVILLE KY

13

[illegible][illegible]

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

RONALD SNYDER 4-17-98

0017300

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



DOCUMENT # 735002 (8)

DONAX VILLAGE CONDOMINIUM ASSOCIATION, INC.

1995
DONAX VILLAGE
SANIBEL, FLORIDA

1630 PERSINKLE WAY
P O BOX 100
SANIBEL FL 33957
US

1630 PERWINKLE WAY
P O BOX 100
SANIBEL FL 33957
US

3. Date of Registration	02/20/1976	3a. Date of Last Report	05/01/1994
4. Filing Number	59-1659126	Approved For	
5. Certificate of Status (Request)		Not Applicable	
6. Tax on Corporate Income		\$8.75 Additional Fee Required	
7. Nonprofit with a Director		\$5.00 May Be Added to Fees	
8. Does corporation have liability for intangible tax under s. 199.01?		\$68.75 Supplemental Fee Not Required	
Florida Statutes			

2. Donax Street	2a. PO Box 100
21. Sanibel, FL	26. Sanibel, FL
22. 33957	27. 33957
23. 33957	28. 33957
24. 33957	29. 33957
25. 33957	30. 33957

9. Name and Address of Current Registered Agent

CARETAKER, MGMT.
1633 PERIWINKLE WAY
SUITE G
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (If Not Applicable, Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE

12. D LENGACHER, ARTHUR 742 DONAX SANIBEL FL ST SMITH, BARBARA 747 CARDIUM SANIBEL FL VD TODD, ROBERT 725 CARDIUM ST. SANIBEL FL ST RECK, MARGO 745 CARDIUM SANIBEL FL D TRIMBUR, MRS. WADE 741 CARDIUM ST. SANIBEL FL PD KIRVEN, GERALD 739 CARDIUM SANIBEL FL	13. [Blank]
---	-------------

14. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE:

Barbara Smith

Barbara Smith

4/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1995

APPROVED
FILED

DOCUMENT # **735940** (9)

THE SEASHELLS OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

COMM. FILED 13

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1976	3a. Date of Last Report 10/05/1994
4. FIC Number 59-1724318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Extension of Corporate Term and Trust Certificate Submission ☐	\$5.00 May Be Added to Fees
7. Nonprofit with DBS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199(3)(a). Florida Statute ☐ Yes ☒ No	

2. Principal Place of Business 2840 GULF DRIVE SANIBEL ISLAND FL 33957	2a. Mailing Address 2840 GULF DRIVE SANIBEL ISLAND FL 33957
21. State Apt. # etc. 22	26. State Apt. # etc. 27
23. City, State 23	28. City, State 28
24. 24	30. 30

9. Name and Address of Current Registered Agent CROSS, REVONDA S. 2840 W GULF SANIBEL FL 33957		10. Name and Address of New Registered Agent Salmon, Anna B. 1161 SKIFF PL Sanibel, FL 33957	
81. Name Anna B Salmon	82. Street Address, P.O. Box Number, or Not Applicable 1161 SKIFF Place	83.	84. City Sanibel
		85. State FL	86. Zip 33957

11. I, **Anna B Salmon**, Secretary of the above named corporation, hereby certify that the above named corporation has duly adopted the foregoing statement for the purpose of changing its registered office as required by law in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accepted the appointment as registered agent. I am a resident of the State of Florida and have not been convicted of a felony.

SIGNATURE: **Anna B Salmon** Date: **4-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME P HATTERICK, FRED 1124 BROOKVIEW DR ATLANTA GA 30339	NAME S SACCO, ROSEMARY 2840 W. GULF DR., #33 SANIBEL FL 33957	NAME D CASSIN, L. J. 31 MASHOMUCH DR SAG HARBOR NY 11963	NAME D FLOWERS, SHELDON 555 LARAMIE TRAIL CINCINNATI OH 45215
NAME D WHITTEMORE, RON 21 POND ST, PO BOX 518 REHOBOTH MA 02769	NAME T POMERENE, TONI 4793 FITZPATRICK WAY NORCROSS GA 30092	NAME	NAME

14. I, **Toni Pomerene**, certify that the information supplied with this filing is complete, true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information made available to the general public is complete and correct, and that any signatures shall have the same legal effect as if made under oath. This filing is the responsibility of the corporation and the officer or director who signed it. I am a resident of the State of Florida and have not been convicted of a felony.

SIGNATURE: **Toni Pomerene** Date: **4-28-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1990

$\frac{1}{n} \sum_{j=1}^n \left(\frac{\partial f_j}{\partial x_i} - \lambda_j \right) = 0$

(8)

ENGLEWOOD SPORTSMEN CLUB, INC.

100-100000-16
JUN 19 1964

C/O THOMAS ATCHISON 27 BUNKER ROAD ROTONDA WEST FL 33947		C/O THOMAS ATCHISON 27 BUNKER ROAD ROTONDA WEST FL 33947		3a. Date of Report: 06/03/1976 3b. Date of Last Report: 04/15/1994 4. Filing Status: NOT APPLICABLE 5. Corporation's Status: \$8.75 Additional Fee Required 6. Tax on Corporation's Income: \$5.00 May Be Added to Fees 7. Payment of 1994 Corporate Tax: \$68.75 Supplemental Fee Not Required 8. Does corporation have liability for additional tax under 26 CFR 1361: ☐ Yes ☒ No	
21. State Agent # 21 22. City & State 22 23. City 23 24. State 24		26. State Agent # 26 27. City & State 27 28. City 28 29. State 29 30. State 30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ATCHISON, THOMAS 27 BUNKER RD. ROTONDA W. FL 33947				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL	
11. Pursuant to the provisions of Sections 812.01(1) and 812.01(2), Florida Statutes, the above named corporation submits the 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 this appointment as registered agent. I am familiar with and accept the obligations of an agent under Florida Statutes.					
SIGNATURE					
12. Officers Added/Removed SD ROSS, MIKE 300 ELM ST ENGLEWOOD FL PD RICE, ALVIN R., JR. 183 MARK TWAIN LN ROTONDA WEST FL TD MASON, RUSS 10044 TOPSAIL AVE ENGLEWOOD FL DVP JEWELL, DENNIS OXFORD DR ENGLEWOOD FL					
13. Appointments Added/Removed PRES. PIRLLFOX. DIRECTOR. DIRECTOR					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICE OR DIVISION

MIKE ROSS

4-28-45

0000074