

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 745944

(9)

1. Corporation Name

FLORIDA IMPACT, INC.

2. Principal Office Address

**837 EAST PARK AVENUE
TALLAHASSEE FL 32301**

2a. Mailing Address

**837 EAST PARK AVENUE
TALLAHASSEE FL 32301**

3. Date of Incorporation in State

02/13/1979

3a. Date of Last Report

04/20/1994

4. Filing Office

59-1812699

Applied For

Not Applicable

2. Principal Office Address

21. Principal Office Address

22. Principal Office Address

23. Principal Office Address

24. Principal Office Address

25. Principal Office Address

26. Principal Office Address

27. Principal Office Address

28. Principal Office Address

29. Principal Office Address

30. Principal Office Address

2a. Mailing Address

26. Mailing Address

27. Mailing Address

28. Mailing Address

29. Mailing Address

30. Mailing Address

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Does the corporation have a

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

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**\$68.75 Supplemental
Fee Not Required**

8. Does corporation have liability for

☐

Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSIE, DEBRA
837 E PARK AVENUE
TALLAHASSEE FL 32301**

81. Name

82. Does corporation have a P.O. Box Number (Not Applicable)

83. City

84. State

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is in good standing and has not been dissolved or its charter forfeited. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation.

SIGNATURE

12. Name and Address of Registered Agent

13. Name and Address of Registered Agent

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54. Name and Address of Registered Agent

55. Name and Address of Registered Agent

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/94 904-878-7385

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1995



DOCUMENT # 745958 (9)

PARTRIDGE VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Name of Corporation, Partnership, or Other Entity TION, INC. 3715 GOLF RD BOYNTON BEACH FL 33436		2. Date of Incorporation, Partnership, or Other Entity 02/15/1979		3a. Date of Last Report 05/01/1994	
2b. Mailing Address TION, INC. 3715 GOLF RD BOYNTON BEACH FL 33436		4. FID Number 59-1889988		Applied For Not Applicable	
2c. Date of Report 21		2d. Date of Report 26		5. Certificate of Status Desired \$8.75 Additional Fee Required	
2e. Date of Report 22		2f. Date of Report 27		6. Fee for Certificate of Status \$5.00 May Be Added to Fees	
2g. Date of Report 23		2h. Date of Report 28		7. Nonprofit with 501(c)(3) Status \$68.75 Supplemental Fee Not Required	
2i. Date of Report 24		2j. Date of Report 29		8. Does corporation have liability for Florida taxes under 19-1001? Yes ☒ No ☐	
2k. Date of Report 25		2l. Date of Report 30			

9. Name and Address of Current Registered Agent MCCRACKEN, JOHN B. FLAGLER CENTER TOWER 11TH FLOOR 505 S FLAGLER DR., P O DRAWER E W PALM BCH. FL 33401		10. Name and Address of New Registered Agent 81 Name TENNYSON, ROD 82 Street Address (P.O. Box Number or Post Office) 1801 AUSTRALIAN AVENUE, SOUTH 83 SUITE 101 84 City WEST PALM BEACH FL 85 Zip Code 33409	
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the foregoing statement untrue. I am not aware of any facts which would render the foregoing statement untrue. I am not aware of any facts which would render the foregoing statement untrue.

SIGNATURE: *Rod Tennyson* ROD TENNYSON, P.A. 4/29/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME STD STEWART, ROBERT 3834 PARTRIDGE PL SO BOYNTON BCH FL PD REID, ROBERT 1351 PARTRIDGE PL, N. BOYNTON BCH FL VD SCHOOLEY, CHARLES W. 3805 PARTRIDGE PLACE, S BOYNTON BCH FL	NAME P/D S/T/D HANSEN, ANDREW S. 1443 PARTRIDGE PLACE, N. BOYNTON BEACH, FL 33436 V/D PLANGERE, JULES L., JR. 3829 PARTRIDGE PLACE, S. BOYNTON BEACH, FL 33436

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not require this filing as a condition of doing business in the State of Florida. I further certify that the information supplied in this filing is true and correct and that my signature shall have the same legal effect as if made under oath. I am not aware of any facts which would render the foregoing statement untrue. I am not aware of any facts which would render the foregoing statement untrue. I am not aware of any facts which would render the foregoing statement untrue.

SIGNATURE: *Robert Stewart* Robert Stewart 4/26/95 737-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR