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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 8:55

DOCUMENT # **746723** **(6)**

1. Corporation Name

HILLSBOROUGH COUNTY ASSOCIATION OF CRIMINAL DEFE NSE LAWYERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2420 TAMPA FL 33602-2420	P.O. BOX 2420 TAMPA FL 33602-2420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1979
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2956409 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUAREZ, EDDIE A E
606 MADISON ST
STE 2001
TAMPA FL 33606

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	VD	11 TITLE	Vice President | D	☒ Change ☐ Addition
NAME	REBACK, ROCHELLE E	12 NAME	Samantha Ward	
STREET ADDRESS	701 N FRANKLIN STE 200	13 STREET ADDRESS	801 E. Twiggs, 5th Floor	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SV	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	WARDELL, JAMES E	22 NAME	Deborah R. Jordan	
STREET ADDRESS	606 MADISON ST STE 2001	23 STREET ADDRESS	100 S. Ashley, Suite 2100	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	PD	31 TITLE	President | D	☒ Change ☐ Addition
NAME	SUAREZ, EDDIE A E	32 NAME	A. Brian Albritton	
STREET ADDRESS	606 E. MADISON STREET, SUITE 2001	33 STREET ADDRESS	400 N. Ashley, Suite 2300	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	TO	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MCCLAIN, DAN D E	42 NAME	Stephen M. Crawford	
STREET ADDRESS	111 MADISON ST 2300 1ST FLORIDA TWR	43 STREET ADDRESS	610 West Bay Street	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33606	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 the 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 added on an attachment with an address.

SIGNATURE: _____ 5/21/95 251-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephen M. Crawford

000371

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

DOCUMENT # **746831** **(7)**

1. Corporation Name

TIMBERLAKE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5774 TIMBERLAKE DR. % WILLIAM E. SHAW, P.O. BOX 365 TALLEVAST FL 34270-7365	5774 TIMBERLAKE DR. % WILLIAM E. SHAW, P.O. BOX 365 TALLEVAST FL 34270-7365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1979	3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2139496	☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAW, WILLIAM E.
5774 TIMBER LAKE DRIVE
SARASOTA FL 34243

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	SD	11 TITLE		☐ Change ☐ Addition
NAME	SHAW, WILLIAM E.	12 NAME		
STREET ADDRESS	5774 TIMBER LAKE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	~~PD~~ D	21 TITLE	PD.	☑ Change ☐ Addition
NAME	~~MONTUORI, ANDY~~	22 NAME	John Cassidy.	
STREET ADDRESS	~~5720 TIMBER LAKE CIRCLE~~	23 STREET ADDRESS	5743 Timber Lake Dr.	
CITY-ST-ZIP	~~SARASOTA FL~~	24 CITY-ST-ZIP	Sarasota Fl 34243	
TITLE	~~TD~~ S.D.	31 TITLE	TD.	☒ Change ☒ Addition
NAME	~~MATTES, RAYMOND~~	32 NAME	Lawrence M. Barge Blvd	
STREET ADDRESS	~~5790 TIMBER LAKE DRIVE~~	33 STREET ADDRESS	5617 Timber Lake Ln	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota Fl 34243	
TITLE	~~D~~ TD	41 TITLE	VD	☒ Change ☐ Addition
NAME	~~POPE, WILLIAM~~	42 NAME	Robert P Messmer.	
STREET ADDRESS	~~5715 TIMBER LAKE DRIVE~~	43 STREET ADDRESS	5737 Timber Lake Ln	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota Fl 34243	
TITLE		51 TITLE	D.	☒ Change ☐ Addition
NAME		52 NAME	Raymond Mattes -	
STREET ADDRESS		53 STREET ADDRESS	5790 Timber Lake Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Sarasota Fl 34243	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: PD John W Cassidy 5-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR5603

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

DOCUMENT # 748227 (6)

1. Corporation Name

TURKEY ROOST FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1529 MCLAWRENCE WAY TALLAHASSEE FL 32311 US	1529 MCLAWRENCE WAY TALLAHASSEE FL 32311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/27/1979	03/16/1994

4. FEI Number: 59-2410592 ☐ 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 11061 TUNG GROVE RD	26 11061 TUNG GROVE RD
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE, FL
Zip 24 32311 — Country 25 USA	Zip 29 32311 — Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TASSINARI 1529 MCLAWRENCE WAY TALLAHASSEE FL 32311	81 Name: JEAN M. SCRUGGS 82 Street Address (P.O. Box Number is Not Acceptable): 11061 TUNG GROVE ROAD 83 84 City: TALLAHASSEE, FL 85 Zip Code 32311

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: Jean M. Scruggs Treasurer 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D-PRESIDENT ☒ Change ☐ Addition
NAME	WOLANSKI, STEPHANIE	12 NAME	TOM FITZGERALD
STREET ADDRESS	11181 E PONY TRAIL	13 STREET ADDRESS	11121 PENNEWAW TRACE
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32311
TITLE	VP	21 TITLE	D-V.PRESIDENT ☒ Change ☐ Addition
NAME	DEAN, GORDON	22 NAME	WALTER WOLANSKI
STREET ADDRESS	11204 TUNG GROVE RD	23 STREET ADDRESS	11199 E. PONY TRAIL
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE FL 32311
TITLE	T	31 TITLE	D-TREASURER ☒ Change ☐ Addition
NAME	TASSINARI, DAVID E.	32 NAME	JEAN M. SCRUGGS
STREET ADDRESS	1529 MCLAWRENCE WAY	33 STREET ADDRESS	11061 TUNG GROVE RD
CITY ST ZIP	TALLA, FL 00000	34 CITY ST ZIP	TALLAHASSEE FL 32311
TITLE	S	41 TITLE	D-SECRETARY ☒ Change ☐ Addition
NAME	MATTHEWS, MATT	42 NAME	WILLIAM CARPENTER
STREET ADDRESS	1520 BIG STOP WAY	43 STREET ADDRESS	11013 PENNANAW TRACE
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	TALLAHASSEE, FL 32311
TITLE	VP	51 TITLE	D-V.PRESIDENT ☒ Change ☐ Addition
NAME	FLYNN, KAY	52 NAME	ANN HAGGERTY
STREET ADDRESS	11097 PENNEWAW TRACE	53 STREET ADDRESS	11145 PENNEWAW TRACE
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP	TALLAHASSEE FL 32311
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Jean M. Scruggs 5/5/95 878-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEAN M. SCRUGGS

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