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 MAR 28 PM 6:27

DOCUMENT # 753491 (0)

1. Corporation Name
KIWANIS CLUB OF MIAMI-WEST DADE, INC.

Principal Place of Business	Mailing Address
3121 COMMODORE PLAZA, #301 C/O LOUIS L. LAFONTISEE, JR. MIAMI FL 33133	3121 COMMODORE PLAZA, #301 C/O LOUIS L. LAFONTISEE, JR. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2770675 ☐ Applied For ☐ Not Applicable

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 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

LAFONTISEE, LOUIS L., JR.
3121 COMMODORE PLAZA, #301
MIAMI FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~- DVP -~~	11 TITLE	DP	☒ Change ☐ Addition
NAME	~~- HAZELTON, JOHN G., JR. -~~	12 NAME	Terry Olive	
STREET ADDRESS	~~- 6051 N.W. 201 LANE -~~	13 STREET ADDRESS	11325 S.W. 114 Lane Circle	
CITY-ST-ZIP	~~- MIAMI FL - - - -~~	14 CITY-ST-ZIP	Miami, FL 33176	
TITLE	~~- DP -~~ DVP	21 TITLE	DVP	☒ Change ☐ Addition
NAME	STAHL, ED	22 NAME		
STREET ADDRESS	12621 NW 13TH CT	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LANDERS, TOM	32 NAME		
STREET ADDRESS	13700 NE 6 AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	GENERO, PETER P.	42 NAME		
STREET ADDRESS	1110 SALZEDO	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP		
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 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: Peter P. Genero Peter P. Genero, Sec/Treas. 3/22/95 (305)445-1248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:16

DOCUMENT # **753613** **(9)**

1. Corporation Name

MARION COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
801 N.E. SANCHEZ ~~P.O. BOX 3915~~ OCALA FL 34470 US	801 NE SANCHEZ OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1980
3a. Date of Last Report: 04/14/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

ROBERT, LIPSCOMB
15 SE OSCEOLA AVE.
OCALA FL 32670

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	DEBARY, EARL	12 NAME	Same	
STREET ADDRESS	3722 S E FT KING	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SCOTT, BECKY	22 NAME	Barbara Janowitz	
STREET ADDRESS	2915 SE 12TH ST	23 STREET ADDRESS	POBox 3928	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, Fl 34478 N/A	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	ROBINSON, LOUVENIA	32 NAME	Becky Scott	
STREET ADDRESS	1331 NE 16TH ST	33 STREET ADDRESS	2815 SE 12 t h St.	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, Fl. 34471	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DEBARY, BETTIE	42 NAME		
STREET ADDRESS	3722 SE FT KING	43 STREET ADDRESS	Same	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	D	☒ Change ☐ Addition
NAME	TOWNSEND, MARY ELIZABETH	52 NAME	Louvenia Robinson	
STREET ADDRESS	322 SE 10 ST	53 STREET ADDRESS	1331 NE 16th St.	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Ocala, Fl. 34470	
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: Elmer Earl DeBary — 3-20-95 — 904-694-2529
SIGNATURE AND TITLE OF CHAIRMAN OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0008108

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 MAR 28 PM 6:17

DOCUMENT # 753817 (6)

1. Corporation Name

GOLDEN RAINTREE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD SUITE 202 SUNRISE FL 33313	6289 W. SUNRISE BLVD SUITE 202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1980
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2035580 ☐ 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

NYCE, JOHN DANIEL, P. A.
4367 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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, type 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	MANOUKIAN, CHRISTINE	12 NAME	
STREET ADDRESS	2763 NW 42ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	
~~TITLE~~	~~TD~~	21 TITLE	V/D ☑ Change ☐ Addition
~~NAME~~	~~ALFIERI, LOUIS~~	22 NAME	Ron Hymoff
~~STREET ADDRESS~~	~~2731 NW 42ND AVE~~	23 STREET ADDRESS	2759 NW 42nd Ave
~~CITY-ST-ZIP~~	~~COCONUT CREEK FL~~	24 CITY-ST-ZIP	Coconut Creek, FL 33066
~~TITLE~~	~~SD~~	31 TITLE	T/D ☑ Change ☐ Addition
~~NAME~~	~~GREEN, MYLES~~	32 NAME	Leonard Welch
~~STREET ADDRESS~~	~~2551 NW 42ND AVE~~	33 STREET ADDRESS	2656 NW 42nd Ave
~~CITY ST ZIP~~	~~COCONUT CREEK FL~~	34 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE		41 TITLE	S/D ☐ Change ☑ Addition
NAME		42 NAME	Doreen Gordon
STREET ADDRESS		43 STREET ADDRESS	2781 NW 42nd Ave
CITY ST ZIP		44 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE		51 TITLE	D ☐ Change ☑ Addition
NAME		52 NAME	Dorothy Gordon
STREET ADDRESS		53 STREET ADDRESS	2691 NW 42 Ave
CITY-ST-ZIP		54 CITY-ST-ZIP	Coconut Creek, FL
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: X Doreen Gordon 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0010003

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 MAR 28 PM 6:23

DOCUMENT # 753925 (7)

1. Corporation Name
SPRUCE CREEK GOLF VILLAS, INC.

Principal Place of Business	Mailing Address
SPRUCE CREEK FLY-IN DAYTONA BEACH FL 32124 US	29 SHADOW CREEK WAY ORMOND BCH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2313755 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BAUMANN, KARLA L
29 SHADOW CREEK WAY
ORMOND BCH FL 32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	AVERSA, AUGIE	12 NAME	
STREET ADDRESS	1905 GOLDENROD WAY #35	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	Vice President/Director	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, GLENN	22 NAME	
STREET ADDRESS	1911 GOLDENROD WAY	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	24 CITY-ST-ZIP	
TITLE	Director	31 TITLE	☐ Change ☐ Addition
NAME	TRAUGHBER, CHARLES	32 NAME	
STREET ADDRESS	1895 PRIMROSE PATH	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	34 CITY-ST-ZIP	
TITLE	Secretary/Treasurer/Director	41 TITLE	☐ Change ☐ Addition
NAME	KATSAROS, JAMES	42 NAME	
STREET ADDRESS	1914 GOLDERN ROD	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DUTCH, RITA	52 NAME	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	54 CITY-ST-ZIP	
TITLE	Director	61 TITLE	☐ Change ☐ Addition
NAME	Richard Wisenbacker	62 NAME	
STREET ADDRESS	1882 Silver Fern Drive	63 STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach FL 32124	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: James Katsaros, Treas 3-17-95 (904) 760-5884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
James Katsaros, Secretary/Treasurer

FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

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 MAR 28 PM 6:31

DOCUMENT # 754088 (3)

1. Corporation Name

A GARDEN WALK RECREATION COUNCIL, INC.

Principal Place of Business	Mailing Address
C/O HAROLD METZLER 8200 N MILITARY TRAIL PALM BCH GRDNS FL 33410	C/O HAROLD METZLER 8200 N MILITARY TRAIL PALM BCH GRDNS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1980
3a. Date of Last Report: 03/18/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21 8200 N. MILITARY TRAIL	2a. Mailing Address	25 8200 N. MILITARY TRAIL
Suite, Apt. #, etc	22	Suite, Apt. #, etc	27
City & State	23 PALM BEACH GARDENS, FL	City & State	28 PALM BEACH GARDENS, FL
Zip / Country	24 33410 / 25 PALM BEACH	Zip / Country	29 33410 / 30 PALM BEACH

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

9. Name and Address of Current Registered Agent

CAPALDI, JOSEPH
422 W FOUR SEASONS
PALM BCH GARDENS FL 33410

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAPALDI, JOSEPH	12 NAME	
STREET ADDRESS	422 W FOUR SEASONS	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VP ☒ Change ☐ Addition
NAME	GAGNE, RAYMOND	22 NAME	HELEN FERRARIO
STREET ADDRESS	446 AUTUMN TRAIL	23 STREET ADDRESS	336 SUMMER CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	~~6224~~ PALM BEACH GARDENS, FL
TITLE	VD	31 TITLE	VP ☒ Change ☐ Addition
NAME	BAKER, WILLIAM	32 NAME	SARAH O'KEEFE
STREET ADDRESS	180 SUMMER WIND TRAIL	33 STREET ADDRESS	243 FALL CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY-ST-ZIP	PALM BEACH GARDENS, FL.
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	METZGER, JOAN	42 NAME	
STREET ADDRESS	401 WINTER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, DONALD	52 NAME	
STREET ADDRESS	37 S FOUR SEASONS	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	CONLON, GENEIVE	62 NAME	
STREET ADDRESS	204 N FOUR SEASON	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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: Donald D Whitney 3/24/95 407-626-4997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:16

DOCUMENT # 754260 (8)

1. Corporation Name

FORT LAUDERDALE COMMERCE CENTER SERVICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JOSIAS & GOREN, P.A. 3099 E COMMERCIAL BLVD., #200 FT. LAUDERDALE FL 33308	% JOSIAS & GOREN, P.A. 3099 E COMMERCIAL BLVD., #200 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1980
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2234376 ☐ 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. 27	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

COREN, SAMUEL, S
3099 E COMMERCIAL BLVD #200
FT. LAUDERDALE FL 33308

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 mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~STD~~	11 TITLE	~~SCHIFFMAN~~	☐ Change ☐ Addition
NAME	~~BUTTERS, MALCOLM~~	12 NAME		
STREET ADDRESS	~~3321 S W 15TH ST~~	13 STREET ADDRESS		
CITY · ST · ZIP	~~POMPANO BEACH FL~~	14 CITY · ST · ZIP		
TITLE	~~VD~~	21 TITLE	PRESIDENT/D	☑ Change ☐ Addition
NAME	~~SCHIFFMAN, SARA~~	22 NAME	SCHIFFMAN, SARA	
STREET ADDRESS	~~5200 NW 33RD AVE. #108~~	23 STREET ADDRESS	5200 NW 33RD AVE #105	
CITY ST ZIP	~~FT. LAUDERDALE FL~~	24 CITY · ST · ZIP	FT. LAUDERDALE, FL	
TITLE	~~STD~~	31 TITLE	V.P./D	☑ Change ☐ Addition
NAME	~~GINGER, NATHAN~~	32 NAME	BUTTERS, MALCOLM	
STREET ADDRESS	~~3541 NW 53RD ST.~~	33 STREET ADDRESS	3321 SW 15TH ST	
CITY ST ZIP	~~FT LAUDERDALE FL~~	34 CITY · ST · ZIP	POMPANO BEACH, FL	
TITLE		41 TITLE	SEC'Y/TREAS/D	☑ Change ☐ Addition
NAME		42 NAME	SINGER, NATHAN	
STREET ADDRESS		43 STREET ADDRESS	3541 NW 53RD ST	
CITY · ST · ZIP		44 CITY · ST · ZIP	FT. LAUDERDALE, FL	
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 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: Sara Schiffman Acting As 2/6/95 305 486-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President of Fort Lauderdale Commerce Center Services Association

0018744

754260

JOSIAS & GOREN, P.A.
ATTORNEYS AT LAW
SUITE 200
3099 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE (305) 771-4500
PALM BEACH (407) 276-9400
FACSIMILE (305) 771-4923

STEVEN L. JOSIAS
SAMUEL S. GOREN
JAMES A. CHEROF
DONALD J. DOODY
KERRY L. EZROL

YAMILE M. TREHY
LEONARD G. RUBIN
CHARLES E. CARTWRIGHT
BENJAMIN L. AVENI

March 20, 1995

Ms. Martha White
Annual Reports Section
Florida Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Your Letter Number 695A00009612 of March 3, 1995
Fort Lauderdale Commerce Center Service Association, Inc.
Ref. Number 754260

Dear Ms. White:

In response to your March 3, 1995, correspondence, a copy of which is attached hereto, please find the enclosed 1995 Corporation Annual Report revised to include the identity of the Corporation's Board of Directors. Also enclosed is Check #1836 in the amount of $130.00 to cover the filing fee.

Should you have any questions regarding the above, please contact me.

Yours very truly,

BENJAMIN L. AVENI

BLA/aw

Enclosure(s)

cc: Mr. Lee Tomback

[K:\1991\910102\White]

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 MAR 28 PM 6:27

DOCUMENT # **754519** **(7)**

1. Corporation Name

THE GREATER BRANDON CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
C/O JAMES DAIGLE 808 OAKFIELD DRIVE BRANDON FL 33511	C/O JAMES DAIGLE 808 OAKFIELD DRIVE BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1980
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-0932212 ☐ 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) | 2a. Mailing Address (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

DAIGLE, D J
808 OAKFIELD DRIVE
BRANDON FL 33411

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 _____ (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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HITE, CARL	12 NAME	Sherwood, Judy C	
STREET ADDRESS	808 OAKFIELD DR	13 STREET ADDRESS	808 Oakfield Dr.	
CITY-ST-ZIP	BRANDON FL	14 CITY-ST-ZIP	Brandon, Fl	
TITLE	PPD	21 TITLE	PPD	XX Change ☐ Addition
NAME	LEE, THOMAS	22 NAME	Hite, Carl	
STREET ADDRESS	808 OAKFIELD DR	23 STREET ADDRESS	808 Oakfield Dr.	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	Brandon, Fl	
TITLE	PED	31 TITLE	PED	XX Change ☐ Addition
NAME	BURLEY, MITCH	32 NAME	Russell, Doug	
STREET ADDRESS	808 OAKFIELD DR	33 STREET ADDRESS	808 Oakfield Dr.	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	Brandon, Fl	
TITLE	STD	41 TITLE	STD	XX Change ☐ Addition
NAME	SHERWOOD, JUDY	42 NAME	Wright, Daniel	
STREET ADDRESS	808 OAKFIELD DR	43 STREET ADDRESS	808 Oakfield Dr	
CITY-ST-ZIP	BRANDON FL	44 CITY-ST-ZIP	Brandon, Fl	
TITLE	EVP	51 TITLE		☐ Change ☐ Addition
NAME	DAIGLE, D J	52 NAME		
STREET ADDRESS	808 OAKFIELD DR.	53 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL	54 CITY-ST-ZIP		
TITLE	CAD	61 TITLE		☐ Change ☐ Addition
NAME	STODDARD, RALPH	62 NAME		
STREET ADDRESS	808 OAKFIELD DR	63 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL	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: D. Jaigle 4-8-95 813-689-1221
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:37

DOCUMENT # **754527** **(0)**

1. Corporation Name
GENERAL BAPTIST CHURCH OF MANATEE COUNTY, INC.

Principal Place of Business	Mailing Address
2212 8 AVENUE E BRADENTON FL 34208	2212 8 AVENUE E BRADENTON FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1980**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2363549** ☐ Applied For ☐ Not Applicable

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 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

WEBBER, HARLAN
2212 8TH AVE E
BRADENTON FL 34208

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, type 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	☒ Change ☐ Addition
NAME	~~COOPER, MICHAEL~~	12 NAME	POLSTON, JOHNNY
STREET ADDRESS	2212 8TH AVE E.	13 STREET ADDRESS	2212 8TH AVE E
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	BRADENTON, FL.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NEIMILLER, ELMER	22 NAME	
STREET ADDRESS	2212 8TH AVE E.	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WISE, KEN	32 NAME	
STREET ADDRESS	2215 8TH AVE E.	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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 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: _____ KEN WISE 3-25-1995 813-747-9726
SIGNATURE AND TYPED OR PRINTED NAME OF PERSONS OFFICER OR DIRECTOR — Date — Daytime Phone #
CHURCH 813-748-8805

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 MAR 28 PM 6:27

DOCUMENT # **754629** **(4)**

1. Corporation Name
VILLAS DE MADRID, INC.

Principal Place of Business	Mailing Address
2801 NW 13 ST UNIT A MIAMI FL 33125-2049	2801 NW 13 ST UNIT A MIAMI FL 33125-2049

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1980
3a. Date of Last Report: 06/08/1994
4. FEI Number: 59-2111589 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 2801 NW 13 st
2a. Mailing Address — 26: 2801 NW 135t
22: B
27: B
23: Miami FL
28: Miami, FL
24: 33125 25: Dade
29: 33125 30: Dade

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

9. Name and Address of Current Registered Agent

PINILLA, CARMEN
2801 NW 13 ST. UNIT
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: Catherine Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 2801 NW 135T Apt B
83:
84 City: Miami FL 85 Zip Code: 33125

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: Catherine Gonzales DATE: 3/22/95
(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	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	PINILLA, CARMEN	12 NAME	Catherine Gonzalez	
STREET ADDRESS	2801 NW 13 ST. #19	13 STREET ADDRESS	2801 NW 13ST Apt B	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, Fl 33125	
TITLE	VTD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	GONZALEZ, CATHERINE	22 NAME	Carmen Pinilla	
STREET ADDRESS	2801 NW 13 ST. #B	23 STREET ADDRESS	2801 NW 13st Apt A	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, Fl 33125	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARCELO, PETER, JR.	32 NAME	-SAME-	
STREET ADDRESS	2801 NW 13 ST. #F	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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 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: Catherine Gonzales 3-28-95 585 6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:29

DOCUMENT # **755953** **(7)**

1. Corporation Name

BELO HORIZONTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6445 INDIAN CREEK DR #204B MIAMI BEACH FL 33141	6445 INDIAN CREEK DR #[illegible] MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/19/1981	04/27/1994

4. FEI Number **59-2098892** ☐ Applied For ☐ Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

MELENDEZ, SUSANA
6445 INDIAN CR DR 503B
MIAMI BCH FL 33141

10. Name and Address of New Registered Agent

81 Name: RUBEN GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 496 S.W. 18 Road
83
84 City: MIAMI - FLO. FL 85 Zip Code: 33129

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: Ruben Garcia (RUBEN GARCIA) 3-23-95
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	PD	11 TITLE	PD.	☑ Change ☐ Addition
NAME	LEAL ANTONIO	12 NAME	SARA SLAPOCHNIK	
STREET ADDRESS	6444 COLLINS AVE #302	13 STREET ADDRESS	6444 COLLINS AVE. AP. #703	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI BEACH - FLO. 33141	
TITLE	TD	21 TITLE	TD.	☑ Change ☐ Addition
NAME	RIVERO YOLANDA	22 NAME	JOE RODRIGUEZ	
STREET ADDRESS	6445 INDIAN CREEK DR #302	23 STREET ADDRESS	6423 COLLINS AVE. AP. #701	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	MIAMI - BEACH, FLO. 33141	
TITLE	SD	31 TITLE	SD.	☐ Change ☐ Addition
NAME	GONZALEZ GUSTAVO	32 NAME	GUSTAVO GONZALEZ	
STREET ADDRESS	496 SW 18 RD	33 STREET ADDRESS	496 S.W. 18 RD.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI - FLO. 33129	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
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 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: Gustavo Gonzalez 3-23-95 305-281-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY

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 MAR 28 PM 6:18

DOCUMENT # 756129 (3)

1. Corporation Name
THE MARION OAKS CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
294 MARION OAKS LANE OCALA FL 34473-9615	294 MARION OAKS LANE ~~P.O. BOX 44044~~ OCALA FL 34473-9615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1885504 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 294 MARION OAKS LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 OCALA FL
Zip / Country 24 / 25	Zip / Country 29 34473 / 30 US

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAHON, JAMES 15143 SW 38TH CIRCLE OCALA FL 34473	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	D	11 TITLE	V	☒ Change ☐ Addition
NAME	~~HOLTZ, JAMES D.~~	12 NAME	LEONARD KAY	
STREET ADDRESS	~~4426 SW 161ST ST~~	13 STREET ADDRESS	2591 S W 162 ND STREET	
CITY-ST-ZIP	~~OCALA FL 34473~~	14 CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	~~DECARLI,JOAN~~	22 NAME	RITA LAUER	
STREET ADDRESS	~~14691 SW 39TH CT RD~~	23 STREET ADDRESS	3680 S W 150 TH LOOP	
CITY-ST-ZIP	~~OCALA FL 34473~~	24 CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	31 TITLE	T	☒ Change ☐ Addition
NAME	~~MAHON, JAMES D~~	32 NAME	MAHON JAMES V.	
STREET ADDRESS	15143 SW 38TH CIR	33 STREET ADDRESS	15143 S.W 38TH CIRC	
CITY-ST-ZIP	OCALA FL 34473	34 CITY-ST-ZIP	OCALA FL 34473	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, NANCY	42 NAME		
STREET ADDRESS	14875 SW 140TH ST RD	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	MAHON,MARIE	52 NAME		
STREET ADDRESS	15143 SW 38TH CIR	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	TODD, A RICHMOND	62 NAME		
STREET ADDRESS	15089 SW 35TH CIR	63 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	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: James V. Mahon — James V. Mahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-95
Date

904-347-5038
Daytime Phone #

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 MAR 28 PM 6:16

DOCUMENT # **756170** **(7)**

1. Corporation Name

THE GRAND MARINER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 E HWY 98 DESTIN FL 32541-3306	1100 E HWY 98 DESTIN FL 32541-3306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2123661 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WHITE, JO ANN
819 INDIAN TRAIL, #102
DESTIN FL 32541

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: Jo Ann White, Asst. Mgr. (NOTE: Registered Agent signature required when reinstating) DATE: 2-6-95
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PEREZ, PETE	12 NAME	
STREET ADDRESS	366 SHADY LAKE PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70810	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	DVP ☒ Change ☐ Addition
NAME	~~VILLEMARETTE, RAYMOND~~	22 NAME	Rene Cote
STREET ADDRESS	~~1100 HWY 98 E. B-703~~	23 STREET ADDRESS	245 Pine Brook Way
CITY-ST-ZIP	~~DESTIN FL 32541~~	24 CITY-ST-ZIP	Atlanta, GA 30076
TITLE	DV	31 TITLE	D ☒ Change ☐ Addition
NAME	~~LEA, WILLIAM~~	32 NAME	Shirley Hagar
STREET ADDRESS	~~1495 GOODBAR~~	33 STREET ADDRESS	3310 Warrenton Rd
CITY-ST-ZIP	~~MEMPHIS TN 38104~~	34 CITY-ST-ZIP	Montgomery, AL 36111
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NORTON, HUGH	42 NAME	
STREET ADDRESS	3022 BREN MAR WAY	43 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	~~DV~~ D=P	51 TITLE	☐ Change ☐ Addition
NAME	BLYTHE, BRUCE	52 NAME	
STREET ADDRESS	4350 DAVIDSON AVENUE	53 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, TOM	62 NAME	
STREET ADDRESS	RT 1 BOX 115	63 STREET ADDRESS	
CITY ST ZIP	TOONE TN	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: Rene Cote 2-6-95 904-837-7374
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:30

DOCUMENT # **756193** **(9)**

1. Corporation Name

RIVER BLUFF CONDOMINIUM ASSOCIATION OF MELBOURNE , INC.

Principal Place of Business	Mailing Address
441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935	441 N. HARBOR CITY BLVD. #C-22 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1981
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2252530 ☐ 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

ZINKEWICH, FLORENCE
441 N. HARBOR CITY BLVD, #C8
MELBOURNE FL 32935

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	PD	11 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	ZINKEWICH, FLORENCE	12 NAME	ARTHUR MARGOLIS	
STREET ADDRESS	441 N HARBOR CTY BLV C8	13 STREET ADDRESS	441 N. HARBOR CITY BLVD C-2	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	V	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	REESE, EILEEN	22 NAME		
STREET ADDRESS	441 N. HARBOR CITY BLVD. #A7	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	CAMPANA, DAN	32 NAME	BARBARA THOMAS	
STREET ADDRESS	441 N HARBOR CTY BLV A13	33 STREET ADDRESS	441 N. HARBOR CITY BLVD A-15	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	41 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	MARGOLIS, ARTHUR	42 NAME	AMY GLOVER	
STREET ADDRESS	441 N HARBOR CTY BLV C2	43 STREET ADDRESS	441 N. HARBOR CITY BLVD A-6	
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	MELBOURNE, FL 32936	
TITLE	D	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CELI, NADINE	52 NAME	RAY BUCHANAN	
STREET ADDRESS	441 N. HARBOR CITY BLVD, #C-9	53 STREET ADDRESS	441 N. HARBOR CITY BLVD D-5	
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	MELBOURNE, FL 32935	
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: Amy S Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:18

DOCUMENT # 756249 (9)

1. Corporation Name

DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6010 FOREST BLVD FORT MYERS FL 33908-4318	6010 FOREST BLVD FORT MYERS FL 33908-4318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1981
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2152906 ☐ 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 ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (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	10. Name and Address of New Registered Agent
ARMSTRONG, KENNETH 6010 FOREST BLVD FT MYERS FL 33908	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	D	11 TITLE	SD	☒ Change ☐ Addition
NAME	TOMASHEFSKI, PEG	12 NAME	Tomashefski, Peg	
STREET ADDRESS	16442 TIMBERLAKES #101	13 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	HANZEL, JOHN	22 NAME	Hanzel, John	
STREET ADDRESS	16424 TIMBERLAKES DR #204	23 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MCMILLEN, CHESTER	32 NAME		
STREET ADDRESS	16442 TIMBERLAKES, DR #202	33 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	D	☒ Change ☐ Addition
NAME	STOFER, KENNETH	42 NAME	Stofer, Kenneth	
STREET ADDRESS	16448 TIMBERLAKES DR #104	43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addit
NAME	STROUD, PEGGY	52 NAME		
STREET ADDRESS	16436 TIMBERLAKES DR #102	53 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	P	☒ Change ☐ Addl
NAME	HORRIGAN, WILLIAM	62 NAME	Hourigan, William	
STREET ADDRESS	16454 TIMBERLAKES DR #203	63 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	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: x William S Hourigan Jr 3/22/95 813-433-0111
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:27

DOCUMENT # 756276 (2)

1. Corporation Name

WHISKEY CREEK VILLAGE GREEN CONDOMINIUM SECTION ELEVEN, ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5660 BOLLA CT. S.W. PO BOX 07191 FT. MYERS FL 33919	5660 BOLLA CT. S.W. PO BOX 07191 FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1981
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2168254 ☐ 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

BECKER, POLIAKOFF & STREITFELD, PA
5661 BALKAN CT. S.W.
FT. MYERS FL 33907

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	FISHER, HARLAND	12 NAME	
STREET ADDRESS	5685 BALKAN CT. S.W.	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	GOULD, EDWARD	22 NAME	
STREET ADDRESS	5670 BOLLA CT	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	CHRYSLER, DONNA	32 NAME	ROBERT MOON
STREET ADDRESS	5679 BALKAN COURT, SW	33 STREET ADDRESS	5691 BALTAN CT.
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	FT. MYERS, FL.
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RYAN, JAMES	42 NAME	
STREET ADDRESS	5660 BOLLA CT.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MEISTER, ROBERT	52 NAME	
STREET ADDRESS	5676 BOLLA CT. S.W.	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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 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: Robert J. Meister T. D. 3/23/95 813-433-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert J. Meister

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 MAR 28 PM 6:29

DOCUMENT # **756439** **(6)**

1. Corporation Name
PALMA DEL SOL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119-1381	1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119-1381

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1981
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2798762 ☐ 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

NELSON, MICHELE
NELSON & SELWITZ PROPERTY MANAGEMENT
1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

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	PD	11 TITLE	President	☐ Change ☒ Addition
NAME	NEERLAND, BOB	12 NAME	Terranera, Terry	
STREET ADDRESS	165 SEA HAWK	13 STREET ADDRESS	120 Gadwall Ct.	
CITY-ST-ZIP	DAYTONA BCH FL	14 CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	LIEHR, SHARON	22 NAME		
STREET ADDRESS	120 SEA SPARROW	23 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	MORRISON, WOODY	32 NAME	Weber, Pat	
STREET ADDRESS	133 OYSTER CATONER CT	33 STREET ADDRESS	108 Gadwall Ct.	
CITY-ST-ZIP	DAYTONA BCH FL	34 CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	RIEDI, WALTER	42 NAME		
STREET ADDRESS	120 WATER TURKEY	43 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	44 CITY-ST-ZIP		
TITLE	ACD	51 TITLE	ACD	☒ Change ☐ Addition
NAME	TERRANERA, TERRY	52 NAME	Galbreath, Emily	
STREET ADDRESS	120 GADWELL COURT	53 STREET ADDRESS	112 Gadwall Ct.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	54 CITY-ST-ZIP	Daytona Beach, FL 32119	
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: Walter J. Riedi
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Walter Riedi, Tres
Date: 3/21/95
Daytime Phone #: 904-756-3032

0000553

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 MAR 28 PM 6:27

DOCUMENT # 756587 (2)

1. Corporation Name
MERIDIAN CLUB CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4901 GULF SHORE BLVD NAPLES FL 33940	4901 GULF SHORE BLVD NAPLES FL 33940

3. Date Incorporated or Qualified: 03/02/1981
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2074019 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	MILLER, GARNER W	12 NAME	Richard D. Kloppenburg	
STREET ADDRESS	4901 GULF SHORE BLVD N.	13 STREET ADDRESS	4901 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33940	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	KLOPPENBURG, RICHARD D	22 NAME	Herbert K. Jaeger	
STREET ADDRESS	4901 GULF SHORE BLVD. N.	23 STREET ADDRESS	4901 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, FL 33940	
TITLE	TD	31 TITLE	TD	☑ Change ☐ Addition
NAME	GALLOUP, JOHN O.	32 NAME	John O. Galloup	
STREET ADDRESS	4901 GULFSHORE BLVD.N.	33 STREET ADDRESS	4901 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33940	
TITLE	SD	41 TITLE	SD	☑ Change ☐ Addition
NAME	THIERER, MELVIN F	42 NAME	Henry G. Butler	
STREET ADDRESS	4901 GULF SHORE BLVD., N.	43 STREET ADDRESS	4901 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL 33940	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	HANES, ELDON C.	52 NAME	David Z. Beckler	
STREET ADDRESS	4901 GULF SHORE BLVD. N	53 STREET ADDRESS	4901 Gulf Shore Blvd. N.	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Naples, FL 33940	
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: Richard D. Kloppenburg 3/22/95 813 262-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Richard D. Kloppenburg

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 MAR 28 PM 6:37

DOCUMENT # 756878 (5)

1. Corporation Name
RED BARN ACTORS' STUDIO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
319 DUVAL STREET REAR P. O. BOX 707 KEY WEST FL 33040	319 DUVAL STREET REAR P. O. BOX 707 KEY WEST FL 33040

3. Date Incorporated or Qualified: 03/19/1981
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2214641 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

MCDONALD, MARILYN
3625 FLAGLER
KEY WEST FL 33040

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: Marilyn McDonald — March 22'95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, JOY	12 NAME	
STREET ADDRESS	1304 SEMINARY	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, MARILYN	22 NAME	
STREET ADDRESS	3625 FLAGLER	23 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, GARY	32 NAME	
STREET ADDRESS	3625 FLAGLER	33 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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 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: Marilyn McDonald — March 22'95 — 305 293-3035
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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 MAR 28 PM 6:30

DOCUMENT # **757115** **(1)**

1. Corporation Name
FORSYTHIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GOUVCRT ~~100 E. LINTON BLVD. 9068~~ ~~DELRAY BEACH FL 33483~~	660 W. LINTON BLVD #202 DELRAY BCH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1981
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2571096 ☐ 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
21 660 W. LINTON BLVD	25
Suite, Apt. #, etc. 22 #202	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH	City & State 28
Zip / Country 24 33444 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

D.F. GOUVERT ENTERPRISES INC
660 W. LINTON BLVD; STE. 202
DELRAY BEACH FL 33444

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	~~D~~	11 TITLE	VD ☒ Change ☐ Addition
NAME	~~SEYMOUR, BERNSTEIN~~	12 NAME	SEYMOUR BERNSTEIN
STREET ADDRESS	~~5062 FORSYTHIA STREET~~	13 STREET ADDRESS	5062 FORSYTHIA STREET
CITY-ST-ZIP	~~DELRAY BCH FL~~	14 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	OKUN, MILDRED	22 NAME	
STREET ADDRESS	5054 FORSYTHIA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HOROWITZ, DORIS	32 NAME	
STREET ADDRESS	15053 FORSYTHIA CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	34 CITY-ST-ZIP	
TITLE	~~VD~~	41 TITLE	S/D ☒ Change ☐ Addition
NAME	~~SIDORSKY, ROBERT~~	42 NAME	SIDORSKY, ROBERT
STREET ADDRESS	~~5070 FORSYTHIA STREET~~	43 STREET ADDRESS	5070 FORSYTHIA STREET
CITY-ST-ZIP	~~DELRAY BCH. FL~~	44 CITY-ST-ZIP	DELRAY BEACH FL
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 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: Mildred Okun, Pres Mildred Okun 3/23/95 (407) 498-0814
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

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 MAR 28 PM 6:34

DOCUMENT # 757169 (8)

1. Corporation Name
CENTER FOR FAMILY COUNSELING OF BROWARD, INC.

Principal Place of Business	Mailing Address
777 S. STATE ROAD 7, #16 MARGATE FL 33068	777 S. STATE ROAD 7, #16 MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2198405 ☐ 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

DISHER, CAROL
777 S STATE RD 7, #16
MARGATE FL 33068

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	DISHER, CAROL	12 NAME		
STREET ADDRESS	1220 NE 23 AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	RUTH, CATHERINE	22 NAME		
STREET ADDRESS	3720 NW 88TH AVE #130-C	23 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	STRAMBERGER, DENNIS	32 NAME		
STREET ADDRESS	6090 NW 13 ST E.	33 STREET ADDRESS		
CITY ST ZIP	MARGATE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	REICHERT, SHERRY	42 NAME		
STREET ADDRESS	7815 NW 5 PL	43 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCCAMPBELL, DAVID	52 NAME		
STREET ADDRESS	22928 D OXFORD PL	53 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	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 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: Carol Disher 3-23-95 305-972-3232
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROL DISHER

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 MAR 28 PM 6:33

DOCUMENT # 757208 (4)

1. Corporation Name
PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
2200 N.W. 7 AVE. MIAMI FL 33127	2200 N.W. 7 AVE. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1981
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2088143 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3255 N.W. 10 AVE	2a. Mailing Address 26 3255 N.W. 10 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33127 / 25 DADE	Zip / Country 29 33127 / 30 DADE

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

9. Name and Address of Current Registered Agent

MULLEN, THOMAS P
2200 N.W. 7 AVE.
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3255 N.W. 10 AVE.
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	PD ☒ Change ☐ Addition
NAME	MORRIS, BARRY	12 NAME	Morris, Barry
STREET ADDRESS	2200 N.W. 7TH AVE.	13 STREET ADDRESS	3255 NW 10 AVE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33127
TITLE	PD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	LEONE, SHARON	22 NAME	ANA M. LaVielle
STREET ADDRESS	2200 N. W. 7TH AVENUE	23 STREET ADDRESS	3255 N.W. 10AVE
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	Miami, FL 33127
TITLE	STD	31 TITLE	STD ☒ Change ☐ Addition
NAME	LIEBER, JUDITH	32 NAME	TERESITA CHAVEZ
STREET ADDRESS	2200 N.W. 7TH AVE.	33 STREET ADDRESS	3255 NW 10 AVE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami FL 33127
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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 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 addition.

SIGNATURE: Teresita O. Chavez 2/16/95 305-547-7980
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0041124

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 MAR 28 PM 6:20

DOCUMENT # 757413 (0)

1. Corporation Name

RIO ESPANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1421 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062	1421 SOUTH OCEAN BLVD. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2127231 ☐ 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

BROOKS, BARBARA
1421 S. OCEAN BLVD., #118
POMPANO BEACH FL 33062

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	BROOKS, BARBARA	12 NAME	
STREET ADDRESS	1421 S OCEAN BLVD #118	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BOWIE, FRANCES	22 NAME	
STREET ADDRESS	1421 S. OCEAN BLVD, #102	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RICCARDELLI, JOSEPH	32 NAME	
STREET ADDRESS	2 KAREN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	STONEHAM MA	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, ROBERT	42 NAME	
STREET ADDRESS	1421 S OCEAN BLVD #322	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	MCKINLEY, VIVIAN	52 NAME	
STREET ADDRESS	1421 S. OCEAN BLVD, #207	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 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: Barbara Brooks BARBARA BROOKS 3/24/95 305-784-0023
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

D0006074

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 MAR 28 PM 6:34

DOCUMENT # **757426** **(2)**

1. Corporation Name

AFRICAN SAFARI CLUB OF FLORIDA CONSERVATION FUND , INC.

Principal Place of Business	Mailing Address
6550 N. FEDERAL HWY #220 FT LAUDERDALE FL 33308	6550 N. FEDERAL HWY #220 FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1981
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2093449 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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

9. Name and Address of Current Registered Agent

TOM EDWARDS
19 PELICAN ISLE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: EUGENE L. HEINRICH
82 Street Address (P.O. Box Number is Not Acceptable): 500 E. BROWARD BLVD, 10TH FLOOR
83
84 City: FT. LAUDERDALE, 85 FL Zip Code: 33394

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Eugene L. Heinrich (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE: 1-18-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	KRAUSMANN, WILLIAM	12 NAME	
STREET ADDRESS	1211 NE 4 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	DERRER, RICK	22 NAME	Rob Barton
STREET ADDRESS	1420 NE 102ND ST.	23 STREET ADDRESS	4051 NE Sixth Ave
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, SCHILLER	32 NAME	
STREET ADDRESS	2657 NE 26 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHARLAND, DAVE	42 NAME	
STREET ADDRESS	3559 NW 53RD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SAWYER, THOMAS R.	52 NAME	
STREET ADDRESS	4004 N.E. 22ND AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	VP ☒ Change ☐ Addition
NAME	BARTON, ROB	62 NAME	Thomas R. Sawyer
STREET ADDRESS	11033 NW 27TH MANOR	63 STREET ADDRESS	4004 NE 22nd Ave
CITY-ST-ZIP	CORAL SPRINGS FL 33071	64 CITY-ST-ZIP	Ft Lauderdale FL 33308

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: Thomas Sawyer 3-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:27

DOCUMENT # 757675 (4)

1. Corporation Name

FOREST LAKE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1166 PELICAN BAY DR DAYTONA BCH FL 32119 US	1166 PELICAN BAY DRIVE DAYTONA BCH FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2161366 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
1166 PELICAN BAY DR
DAYTONA BCH FL 32119

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	PD	11 TITLE	Director ☐ Change ☒ Addition
NAME	KEOUGH, STEPHEN	12 NAME	Passalaqua, John
STREET ADDRESS	140 CEDARWOOD CIR	13 STREET ADDRESS	4201 N. Ocean Dr. Suite 603
CITY-ST-ZIP	DAYTONA BCH FL	14 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	VD	21 TITLE	Director ☐ Change ☒ Addition
NAME	LAMBERT, RON	22 NAME	Krajawski, Molly
STREET ADDRESS	164 CEDARWOOD CIR	23 STREET ADDRESS	140 Pepperwood Court
CITY-ST-ZIP	DAYTONA BCH, FL 00000	24 CITY-ST-ZIP	Daytona Beach, Florida 32119
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOWLOR, CAROL	32 NAME	
STREET ADDRESS	128 CEDARWOOD VILLAGE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LICCARDELLO, CONNIE	42 NAME	
STREET ADDRESS	110 PEPPERWOOD CT.	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Director ☒ Change ☐ Addition
NAME	DICKERSON, ALMA	52 NAME	Tutching, Lee
STREET ADDRESS	164 SANDALWOOD CT.	53 STREET ADDRESS	136 Lakewood Village Circle
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, SETH	62 NAME	
STREET ADDRESS	120 OAKWOOD VILLAGE CIR	63 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Lambert 3/21/95 904-756-3032
Date Daytime Phone #

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 MAR 28 PM 6:35

DOCUMENT # 757766 (1)

1. Corporation Name

MARY RUTLEDGE MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
500 WOOD ST. DUNEDIN FL 34698	500 WOOD ST. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1981
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1352385 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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

9. Name and Address of Current Registered Agent

EARNEST, WAYNE
500 WOOD ST.
DUNEDIN FL 34698

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 Wayne a. Earnest 1-12-95
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	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	EARNEST, WAYNE	12 NAME	EARNEST, WAYNE	
STREET ADDRESS	500 WOOD ST.	13 STREET ADDRESS	500 WOOD ST	
CITY-ST-ZIP	DUNEDIN FL 34698	14 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VPD	21 TITLE	VPD	☑ Change ☐ Addition
NAME	CHAMPION, RANDALL	22 NAME	HART, MACK	
STREET ADDRESS	2956 LAUREL CT.	23 STREET ADDRESS	915 VICTORIA DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	24 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	SHADDOCK, DANIEL K	32 NAME	GATES GARY	
STREET ADDRESS	1560 BURNHAM LANE	33 STREET ADDRESS	160 CHERRY LAUREL DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	34 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	T	41 TITLE	T	☑ Change ☐ Addition
NAME	HART, MACK	42 NAME	EVANS MIKE	
STREET ADDRESS	915 VICTORIA DR.	43 STREET ADDRESS	706 BELTED KINGFISHER DR	
CITY-ST-ZIP	DUNEDIN FL 34698	44 CITY-ST-ZIP	PALM HARBOR, FL 34683	
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 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: Wayne a. Earnest 1-12-95 813-733-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:33

DOCUMENT # 757781 (0)

1. Corporation Name

THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

Principal Place of Business
31 SOUTH PARK ST.
HANOVER NH 03755

Mailing Address
31 SOUTH PARTK ST.
~~5002 NW 18TH PLACE~~
HANOVER N. 03755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 91-1157301 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 31 SOUTH PARK ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State HANOVER N.H.
24 Zip / 25 Country	29 Zip 03755-2131 / 30 Country USA

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

9. Name and Address of Current Registered Agent

MEDINA, JOSE E
5002 NW 18TH PLACE
GAINESVILLE FL 32605

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	KEENE, ROBERT C.
STREET ADDRESS	31 SOUTH PARK ST.
CITY-ST-ZIP	HANOVER, NH.
TITLE	D
NAME	MAXWELL, ANDERSON H.
STREET ADDRESS	22121 N.E. 60TH ST.
CITY-ST-ZIP	REDMOND WA
TITLE	VP
NAME	PASSON, CRAIG
STREET ADDRESS	10697 E FAIR PLACE
CITY-ST-ZIP	ENGLEWOOD CO
TITLE	D
NAME	WAGONER, JOEL M. D
STREET ADDRESS	411 CARRIAGE DRIVE
CITY-ST-ZIP	BECKLEY WV
TITLE	D
NAME	MOLINE, DAVID O.
STREET ADDRESS	38 WAKEFIELD COURT
CITY-ST-ZIP	IOWA CITY IA
TITLE	P
NAME	GIBSON, CHESTER J
STREET ADDRESS	345 E 6TH ST
CITY-ST-ZIP	MCMINNVILLE OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: Robert C Keene DMD ROBERT C. KEENE, DMD — 603643 4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073243

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 MAR 28 PM 6:17

DOCUMENT # **758134** **(1)**

1. Corporation Name

TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
6289 W SUNRISE BLVD #202 SUNRISE FL 33313	6289 W SUNRISE BLVD #202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1981	3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2147822	☐ Applied For ☐ Not Applicable
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) Country (25)	Zip (29) Country (30)
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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUMMIT PROPERTY MGMT, INC 6289 W SUNRISE BLVD #202 SUNRISE 33313	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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, LUCILLE	12 NAME	
STREET ADDRESS	9925 NW 68TH PL #201	13 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHUSTER, PAUL	22 NAME	
STREET ADDRESS	9740 W MCNAB RD #111	23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	COSTA, JIM	32 NAME	
STREET ADDRESS	9549 W. MCNAB ROAD, 103	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FERST, MILDRED	42 NAME	
STREET ADDRESS	9610 W. MCNAB RD #203	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ANSELMI, ANITA	52 NAME	
STREET ADDRESS	9437 W. MCNAB RD #110	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HYDOSKI, FRAN	62 NAME	
STREET ADDRESS	9493 W. MCNAB RD #107	63 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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: Alan Tallman 3/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0000002

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 MAR 28 PM 6:20

DOCUMENT # 758818 (9)

1. Corporation Name
ISLAND DUNES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8750 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957	8750 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1981
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2296721 ☐ 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

SAX, SPENCER M
301 YAMATO RD.
ARBERN FINANCIAL CENTER, SUITE 4150
BOCA RATON FL 33431

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	TD	11 TITLE		☐ Change ☐ Addition
NAME	ADAMIAK, APOLLO	12 NAME		
STREET ADDRESS	8750 S. OCEAN DR. #1031	13 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	XX Change ☐ Addition
NAME	SCHULTZ, ERNEST	22 NAME	RUSSELL, RICHARD	
STREET ADDRESS	8750 S. OCEAN DR. #PH39	23 STREET ADDRESS	8750 S. Ocean Dr. #731	
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	SD	31 TITLE	SD	XX Change ☐ Addition
NAME	BAILEY, WILLIAM L	32 NAME	BROWN, THOMAS	
STREET ADDRESS	8750 S OCEAN DR #935	33 STREET ADDRESS	8750 S. Ocean Dr. #1431	
CITY ST ZIP	JENSEN BEACH FL	34 CITY ST ZIP	Jensen Beach, FL 34957	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WALKER, JOHN M.	42 NAME		
STREET ADDRESS	8750 S. OCEAN DR. #PH51	43 STREET ADDRESS		
CITY ST ZIP	JENSEN BEACH FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	AYLSWORTH, JOSEPH	52 NAME		
STREET ADDRESS	8750 S. OCEAN DR. #236	53 STREET ADDRESS		
CITY ST ZIP	JENSEN BEACH FL	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)(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: Joseph L. Aylsworth, Jr. (407)229-3306 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

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 MAR 28 PM 6:22

DOCUMENT # **758941** **(9)**

1. Corporation Name

ISLAND SUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12525 3RD STREET, E. SUITE 304 TREASURE ISLAND FL 33706 US	C/O LAMONT MANAGEMENT 250 104TH LANE TREASURE ISLAND FL 33706 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1981
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2259003 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LAMONT, SUE
250 104TH AVE.
SUITE 104
TREASURE ISL FL 33706

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	D	11 TITLE	☐ Change ☐ Addition
NAME	LANDI, JOE	12 NAME	
STREET ADDRESS	12525 3RD STREET, E., SUITE 304	13 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	(D) ☒ Change ☐ Addition
NAME	HENRY, DAVID	22 NAME	EDWARD S. LEWIS
STREET ADDRESS	12525 3RD STREET, E., SUITE 202	23 STREET ADDRESS	12525 3RD ST-E.; #203
CITY-ST-ZIP	TREASURE ISLAND FL	24 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	POLLARD, BILL	32 NAME	
STREET ADDRESS	12525 3RD STREET, E., SUITE 301	33 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLD, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	(D) ☒ Change ☐ Addition
NAME	BUCKNER, BEVERLY	42 NAME	HERMAN OLSEN
STREET ADDRESS	12525 3RD STREET E., SUITE 302	43 STREET ADDRESS	12525 3RD ST-E; #305
CITY-ST-ZIP	TREASURE ISLAND FL	44 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BULLOCK, MARILYN	52 NAME	
STREET ADDRESS	12525 3RD STREET, E., SUITE 303	53 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	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 on an attachment with an address.

SIGNATURE: Joseph R Landi 3/22/95 813-760-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:20

DOCUMENT # 759217 (3)

1. Corporation Name

GOLDEN RAINTREE III HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD SUITE 202 SUNRISE FL 33313	6289 W. SUNRISE BLVD SUITE 202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2140582 ☐ 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)	2a. Mailing Address (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

SUMMIT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLV.
SUITE 202
SUNRISE, 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 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 the date of application (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	FUNK, ANN	12 NAME		
STREET ADDRESS	4630 N.W. 30TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP		
TITLE	~~SD~~	21 TITLE	T/D	☑ Change ☐ Addition
NAME	NEERENBERG, HAROLD	22 NAME		
STREET ADDRESS	7625 W. SIERRA DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	S/D	☑ Change ☐ Addition
NAME	GOLDMAN, ALAN	32 NAME		
STREET ADDRESS	3021 N.W. 48TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	34 CITY-ST-ZIP		
TITLE	~~TD~~	41 TITLE	D	☐ Change ☐ Addition
NAME	TUTWILER, JORJA	42 NAME		
STREET ADDRESS	3035 N.W. 48TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	44 CITY-ST-ZIP		
TITLE	~~VD~~	51 TITLE	D	☑ Change ☐ Addition
NAME	~~GURE, RUTH~~	52 NAME	Sharon Reed	
STREET ADDRESS	~~3023 N.W. 48TH AVE~~	53 STREET ADDRESS	3011 NW 48 AVE.	
CITY-ST-ZIP	~~COCONUT CREEK FL~~	54 CITY-ST-ZIP	Coconut Creek, FL 33063	
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: X Ann Funk, President 3/9/95 1926000
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #