FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 764260 (6)

ITALIAN-AMERICAN CIVIC LEAGUE OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
700 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020	700 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 07/22/1982

3a. Date of Last Report: 07/11/1994

4. FEI Number: 59-0655470 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. [ ] — **$5.00** May Be Added to Fees

7. Nonprofit with IRS Tax Exempt Status [ ] — **$68.75** Supplemental Fee Not Required

8. [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEMORA, VICTORIA 2330 HOLLYWOOD BOULEVARD SUITE 200 HOLLYWOOD FL 33020	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
PD ABBATTISTA, DOMINIC 11591 SW 12 ST HOLLYWOOD FL	[ ] Change [ ] Addition
VD RENALDO, PAUL 6601 EVERGREEN DR. MIRAMAR FL	[ ] Change [ ] Addition
SD WOLTER, C. TINA 601 SW 6 AVENUE HALLANDALE FL	[ ] Change [ ] Addition
TD CONFORTI, PERLA 5501 HOLLYWOOD BLVD #2 HOLLYWOOD FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: Dominic Abbattista — 1/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0005430

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # 764387 (7)

THE VINEYARD CONDOMINIUM ASSOCIATION, INCORPORATED

FILED

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789	2180 PARK AVENUE NORTH SUITE 326 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 08/02/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2206610 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. ... [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MALCOM, THOMAS D
2180 PARK AVENUE NORTH
SUITE 326
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

11. [illegible]

SIGNATURE

12.		13.		
TITLE	STD	TITLE	PD	[X] Change [ ] Addition
NAME	WRIGHT, SHERI	NAME	LISA URATANINA	
STREET ADDRESS	1015 LOVE LN	STREET ADDRESS	1037 LOVE LANE	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	PD	TITLE	UTD	[X] Change [ ] Addition
NAME	WEAVER, TERRY	NAME	SHERRI HILL	
STREET ADDRESS	1006 LOVE LANE	STREET ADDRESS	1031 LOVE LANE	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VD	TITLE	SD	[X] Change [ ] Addition
NAME	ATMORE, MARGHERITE	NAME	JOAN WILLIAMS	
STREET ADDRESS	1008 LOVE LANE	STREET ADDRESS	1018 LOVE LANE	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

14. [illegible]

SIGNATURE: Joan [signature] 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 481-4710

0003607

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 12:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 764410 (7)

LOGIA MASONICA LUIS COBIELLA NON-PROFIT CORPORATION

Principal Place of Business	Mailing Address
600 WEST 29TH STREET P.O. BOX 1762 HIALEAH FL 33012-5604	600 WEST 29TH STREET P.O. BOX 1762 HIALEAH FL 33012-5604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — 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

9. Name and Address of Current Registered Agent

LOPEZ, JUAN
3120 W. 11TH AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

Name: MARIO FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 1024-A SW 42 Ave
City: MIAMI FL Zip Code: 33134

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] 4/19/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
PD	LOPEZ, JUAN	3120 W. 11TH AVENUE	HIALEAH FL
VD	DELGADO, JULIO	6495 W. 27 AVENUE	HIALEAH FL
VD	RODRIGUEZ, LUIS ALBERTO	3120 W. 11TH AVENUE	MIAMI FL
S	RODRIGUEZ, FRANCISCO	3120 W 11TH AVE	HIALEAH FL
T	HERNANDEZ, REINALDO	2920 SW 19 TERR	MIAMI FL

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

PD
FERNANDEZ, MARIO
1024-A SW 42 Ave
MIAMI, FL. 33134

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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] REINALDO HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0037474