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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764703** **(5)**

1. Corporate Name

CAPITOL PRESS CLUB OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
336 E COLLEGE AVE STE 303 TALLAHASSEE FL 32301-8727	336 E COLLEGE AVE STE 303 TALLAHASSEE FL 32301-8727

3. Date Incorporated or Qualified: **08/25/1982**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-2553011** ☐ 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SILVA, MARK
336 E COLLEGE AVE
S201
TALLAHASSEE FL 32301

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: _____ (Signature of new registered agent, if appointed) _____ (Name of new registered agent, if appointed) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	MOSS, BILL	12 NAME	PECK, DANA	
STREET ADDRESS	336 EAST COLLEGE AVE.	13 STREET ADDRESS	336 EAST COLLEGE AVE.	
CITY ST ZIP	TALLAHASSSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL,	
TITLE	TD	21 TITLE	TD	☐ Change ☐ Addition
NAME	SILVA, MARK	22 NAME	SILVA, MARK	
STREET ADDRESS	336 E COLLEGE AVE	23 STREET ADDRESS	336 EAST COLLEGE AVE.	
CITY ST ZIP	TALLAHASSSEE FL	24 CITY ST ZIP	TALLAHASSEE, FL.	
TITLE	VPD	31 TITLE	VPD	☑ Change ☐ Addition
NAME	DRISCOLL, AMY	32 NAME	BOUSQUET, STEVE	
STREET ADDRESS	336 E COLLEGE AVE	33 STREET ADDRESS	336 EAST COLLEGE AVE.	
CITY ST ZIP	TALLAHASSSEE FL	34 CITY ST ZIP	TALLAHASSEE, FL.	
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: Dana Peck Dana Peck 5/17/95 904/224-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0001074

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DOCUMENT # 766619 (1)

1. Corporate Name

SPRINGS PARK EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 3227 NW 102 TERRACE, CORAL SPRINGS FL 33065

Mailing Address: ~~3227 NW 102 TERRACE, CORAL SPRINGS FL 33065~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1983	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2326930	Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address: 3271 NW 102 Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

HERDMAN, DARREL E.
3231 NW 102 TERRACE
CORAL SPRINGS FL 33065

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	HERDMAN, DARREL E.	
STREET ADDRESS	3231 NW 102 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	☐ Change ☐ Addition
NAME	SELEPEC, BILL	
STREET ADDRESS	3251 NW 102 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	☐ Change ☐ Addition
NAME	CLEARY, MAUREEN	
STREET ADDRESS	3259 NW 102 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	☒ Change ☐ Addition — TD
NAME	CORSO, EVELYN	Commer Martha
STREET ADDRESS	3227 NW 102 TERRACE	3271 N.W. 102nd Ter.
CITY-ST-ZIP	CORAL SPRINGS FL	Coral Springs, Fl.
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Darrel E Herdman — 5/15/95 — 305-755-4375

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

0006210