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 APR 28 PM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767283** **(5)**

1. Corporation Name

THE FLORIDA SOCIETY OF PSYCHOTHERAPISTS, INC.

Principal Place of Business	Mailing Address
PO BOX 155 FERNANDINA BCH FL 32034 US	P.O. BOX 155 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2320779 ☐ 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	10. Name and Address of New Registered Agent
GILDA, JOSEPHSON 3535 NW 30TH BLVD. GAINESVILLE FL 32605	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	1.1 TITLE	☐ Change ☐ Addition
NAME	NEIMS, MYRNA	1.2 NAME	
STREET ADDRESS	8519 NW 4TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, DIANA	2.2 NAME	
STREET ADDRESS	6304 SW 95TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, GARDNER	3.2 NAME	
STREET ADDRESS	2158 W. PALMA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MALONE, CHERYL	4.2 NAME	
STREET ADDRESS	4390-B LAKE UNDERHILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPHSON, GILDA	5.2 NAME	
STREET ADDRESS	3535 NW 30TH BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	WEINGARTEN, JEFF	6.2 NAME	
STREET ADDRESS	2831-F NW 41ST ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 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: Jeff Weingarten 24 April 95 904-338-0397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021063

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FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767341** **(1)**

1. Corporation Name

LINDBERGH'S LANDING HOMEOWNER'S ASSOCIATION,INC.

Principal Place of Business	Mailing Address
2901 SW 8 STREET. SUITE 204 MIAMI FL 33135	2901 SW 8 STREET. SUITE 204 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1983**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **65-0136895** ☐ 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

BOSCHETTI, JOSE R.
2901 S.W. 8TH ST. #204,
MIAMI FL 33135

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	1.1 TITLE		☐ Change ☐ Addition
NAME	MARICHAL, ROLANDO R	1.2 NAME		
STREET ADDRESS	10415 S.W. 130 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☒ Change ☐ Addition
NAME	VELLACAMPA, NESTOR	2.2 NAME	VILLACAMPA, NESTOR	
STREET ADDRESS	17795 SW 158TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HERA, ABEL	3.2 NAME		
STREET ADDRESS	18390 SW 156TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LALLY, MICHAEL	4.2 NAME		
STREET ADDRESS	14220 SW 136TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	PD	☐ Change ☒ Addition
NAME		5.2 NAME	BOSCHETTI, JOSE R.	
STREET ADDRESS		5.3 STREET ADDRESS	2901 S.W. 8th Street, Suite 204	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33135	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	MELENDEZ, ALFRED	
STREET ADDRESS		6.3 STREET ADDRESS	11821 S.W. 104 Ter	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33186	

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: Jose R. Boschetti 4/13/95 305 371-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041736