

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**91 MAY -1 AM 11:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FEDERAL GOVERNMENT - STATE  
DEPARTMENT OF REVENUE  
CORPORATION DIVISION**

**DOCUMENT # F93000005097 (1)**

**MY FRIEND'S PLACE, INC.**

1. Name of Corporation		2a. Mailing Address		3. Filing Date	3a. Filing Date Required
MY FRIEND'S PLACE, INC.		PO BOX 150331 NASHVILLE TN 37215		11/10/1993	05/01/1994
2. Principal Office	2b. Mailing Address	4. FID Number	Applied For First Application		
21. PO BOX 150331 NASHVILLE TN 37215	26. PO BOX 150331 NASHVILLE TN 37215	62-1329182			
22. Other Offices	27. Other Office Address	5. Contribution of Subordinate Officers	\$8.75 Additional Fee Required		
23. Other Offices	28. Other Office Address	6. Election Campaign Expenses and Fund Contributions	\$5.00 May Be Added to Fees		
24. Other Offices	29. Other Office Address	8. Other Corporation Information	Other Information		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1. Name	
				B2. Street Address	
				B3. City	
				B4. State	FL
				B5. Zip Code	
11. I, the undersigned, declare that I am the duly qualified and authorized agent to execute this statement for the purpose of changing the registered office of the corporation and that the filing of this statement was authorized by the corporation's board of directors. I hereby accept this appointment as required by law.					

12. Name	13. Address	14. Title	15. Signature	16. Date
CP ISAACS, JENNIFER 23 NORTH UMBERLAND NASHVILLE TN 37215				
CS ISAACS, PAT 23 NORTH UMBERLAND NASHVILLE TN 37215				

14. I, the undersigned, declare that the statement supplied with this filing is substantially true and correct, for the reasons hereinafter set forth. I am the duly qualified and authorized agent to execute this statement for the purpose of changing the registered office of the corporation and that the filing of this statement was authorized by the corporation's board of directors. I hereby accept this appointment as required by law.

**SIGNATURE:** *Pat Isaacs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-95**

**615 204-5560**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

1995



APPROVED  
7/10

DOCUMENT # **N93000000024 (0)**

01 MAY 1995 12:11

**SOUTH BAY AT BOCA BAY HOMEOWNERS ASSOCIATION, INC.**

JACKSONVILLE, FLORIDA

138 HALF CLOVE COURT  
BOCA GRANDE FL 33921

PO BOX 1239  
BOCA GRANDE FL 33921  
US

3. Effective Date of Registration	01/06/1993	3a. Expiration Date	03/22/1994
4. License Number	65-0379171	Applied For	
5. Additional Fee Required		Not Applicable	
6. Additional Fee		\$8.75 Additional Fee Required	
7. Supplemental Fee		\$5.00 May Be Added to Fees	
8. Supplemental Fee		\$68.75 Supplemental Fee Not Required	

21. State of Florida	2a. Mailed At	26. Street	27. City	28. State	29. ZIP	30. Country
		500 Water Street	Jacksonville, FL	FL	32202	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				B1	Name		
				B2	Street Address (Not for Mailed Documents)		
				B3	City		
				B4	FL	B5	State

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

12. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

13. NAME	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
BECK, STEPHEN D 6737 SOUTHPOINT DR S, CSX REAL PROP JACKSONVILLE FL			
13. NAME	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CROSBY, STEPHEN A % ONE JAMES CENTER, CSX REALTY, INC. RICHMOND VA 23219			
13. NAME	HOFFMANN, MARK S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D HOFFMAN, MARK S 500 WATER ST, J-150, CSX TRANS INC JACKSONVILLE FL			
13. NAME	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S AFTOORA, PATRICIA J 500 WATER ST, J-160, CSX TRANS INC JACKSONVILLE FL			

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *Patricia J. Aftoora*  
Patricia J. Aftoora, Vice-President

April 26, 1995 (904) 366-4242