

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06223 (4)**

1. Corporation Name  
**BONITA SPRINGS HISTORICAL SOCIETY, INC.**

Principal Place of Business Mailing Address  
PO BOX 3015 BONITA SPRINGS FL 33959 PO BOX 3015 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1984</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2482932</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>9220 BONITA BEACH RD</b> 22 Suite, Apt. #, etc. <b>200</b> 23 City & State <b>BONITA SPRINGS FLA</b> 24 ZIP <b>33423</b> 25 Country <b>USA</b>	2a. Mailing Address 26 <b>PO Box 3015</b> 27 Suite, Apt. #, etc. 28 City & State <b>BONITA SPRINGS FLA</b> 29 ZIP <b>33959</b> 30 Country <b>USA</b>
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9. Name and Address of Current Registered Agent <b>HOGG, JANE M. 175 W 6TH ST PO BOX 3015 BONITA SPRINGS FL 33959</b>	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jane M. Hogg JANE M. HOGG DATE 6-18-95  
Signature, typed or printed name of registered agent and 15b if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HOGG, JANE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>175 W 6TH ST</b>	CITY - ST - ZIP <b>BONITA SPGS FL</b>	12 NAME	
TITLE <b>D</b>	NAME <b>[REDACTED]</b>	13 STREET ADDRESS	
STREET ADDRESS <b>[REDACTED]</b>	CITY - ST - ZIP <b>BONITA SPRINGS FL</b>	14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>SUPLOCK, ELAINE</b>	21 TITLE	
STREET ADDRESS <b>27312 VALOIS DR.</b>	CITY - ST - ZIP <b>BONITA SPGS FL</b>	22 NAME	
TITLE <b>SD</b>	NAME <b>STURGIS, ELIZABETH</b>	23 STREET ADDRESS <b>2017 ELDORADO DR. 1BE</b>	
STREET ADDRESS <b>58 1ST STREET</b>	CITY - ST - ZIP <b>BONITA SPRGS FL</b>	24 CITY - ST - ZIP <b>BONITA SPRINGS FLA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>MARTIN, JOAN A.</b>	31 TITLE	
STREET ADDRESS <b>27577 SHORE DRIVE</b>	CITY - ST - ZIP <b>BONITA SPGS. FL</b>	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	NAME	41 TITLE	
	STREET ADDRESS	42 NAME	
	CITY - ST - ZIP	43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		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 110.07(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: Jane M. Hogg JANE M. HOGG DATE 6-18-95 TELEPHONE # 941-947-2379  
Signature and typed or printed name of signing officer or director

CR2E037 (3-95)

**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  
MAY 1 1995  
TALLAHASSEE, FLORIDA  
STATION 13

DOCUMENT # **N08870** (0)

1. Corporation Name  
**ALLIANCE FOR MEDIA ARTS, INC.**

Principal Place of Business Mailing Address  
**827 LINCOLN ROAD MIAMI BEACH FL 33139**

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

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **04/22/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2631139** 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. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PERWIN, JEAN S.  
25 SE 2ND AVE #623  
MIAMI FL 33131**

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D Velt, Victor W. 7730 NW 13th Street Pembroke Pines FL  
VD Roberts, Marilyn Gottlieb 800 Lenox, #5 Miami Beach FL  
TD Chauncey, Donald 6701 SW 67 Ct. S. Miami FL  
D Shelley, James Scott 800 Lenox, #1 Miami Beach FL  
D Orcutt, William 1618 Michigan Avenue Miami Beach FL  
PD Lotspeich, Brad 800 Lenox Ave #3 Miami Beach FL

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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed Name)  
6/20/95 534-7171 (Date) (Typed Name)

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09534 (1)**

1. Corporation Name

**RIO VILLA NORTH HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

JOSEPH DIPRIMA  
1199 S PATRICK DRIVE  
SATELLITE BEACH FL 32937

RIO VILLE NORTH HOMEOWNERS ASSOCIATION  
POST OFFICE BOX 33214  
INDIALANTIC FL 32903-0214  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1985

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2824294

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 571 Bolanos Corte

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Indialantic 91

27

City & State

City & State

23 32903

28

Zip

Country

Zip

Country

24 Brevard

29

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

HILL, CONNIE  
571 BOLANDS CORTE  
INDIALANTIC FL 32903

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

571 Bolanos Corte

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DIPRIMA, JOSEPH  
STREET ADDRESS 1199 S PATRICK DRIVE  
CITY - ST - ZIP SATELLITE BEACH FL

11 TITLE President  Change  Addition  
12 NAME Hill, Connie, O  
13 STREET ADDRESS 571 Bolanos Corte  
14 CITY - ST - ZIP Indialantic, FL 32903

TITLE VD  
NAME GUARINO, LAWRENCE  
STREET ADDRESS 820 KENWOOD COURT  
CITY - ST - ZIP SATELLITE BEACH FL

21 TITLE V-President  Change  Addition  
22 NAME Meier, Janice - O  
23 STREET ADDRESS 513 Velas Corte  
24 CITY - ST - ZIP Indialantic, FL 32903

TITLE STD  
NAME CAUDLE, JIMMIE  
STREET ADDRESS 9490 S TROPICAL TRAIL  
CITY - ST - ZIP MERRITT ISLAND FL

31 TITLE 2nd V-President  Change  Addition  
32 NAME Goreman, Thomas - O  
33 STREET ADDRESS 470 Veracruz Blvd.  
34 CITY - ST - ZIP Indialantic, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE Secretary  Change  Addition  
42 NAME Fiori, Susan - O  
43 STREET ADDRESS 463 Veracruz Blvd.  
44 CITY - ST - ZIP Indialantic, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE Treasurer  Change  Addition  
52 NAME Katschakis, Marge - O  
53 STREET ADDRESS 607 Bella Vista Ct.  
54 CITY - ST - ZIP Indialantic, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Constance L. Hill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 March 1995 407.773.6328  
Date Daytime Phone #

CONSTANCE L. HILL