

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 11/19/1984	3a. Date of Last Report 03/15/1994
4. FEI Number 59-2482932	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
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 9220 BONITA BEACH RD 22 200 23 BONITA SPRINGS FLA 24 33423	2a. Mailing Address 26 PO Box 3015 27 28 BONITA SPRINGS FLA 29 33959 30 USA
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9. Name and Address of Current Registered Agent
**HOGG, JANE M.
175 W 6TH ST
PO BOX 3015
BONITA SPRINGS FL 33959**

10. Name and Address of New Registered Agent 81 Name SAME	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City FL	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 6-18-95
Signature, typed or printed name of registered agent and 15b if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOGG, JANE
STREET ADDRESS	175 W 6TH ST
CITY - ST - ZIP	BONITA SPGS FL
TITLE	D
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY - ST - ZIP	BONITA SPRINGS FL
TITLE	TD
NAME	SUPLOCK, ELAINE
STREET ADDRESS	27312 VALOIS DR.
CITY - ST - ZIP	BONITA SPGS FL
TITLE	SD
NAME	STURGIS, ELIZABETH
STREET ADDRESS	58 1ST STREET
CITY - ST - ZIP	BONITA SPRGS FL
TITLE	TD
NAME	MARTIN, JOAN A.
STREET ADDRESS	27577 SHORE DRIVE
CITY - ST - ZIP	BONITA SPGS. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	DAULINE DRURY
23 STREET ADDRESS	2017 ELDORADO DR. 1BE
24 CITY - ST - ZIP	BONITA SPRINGS FLA
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 6-18-95 941-947-2379
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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	D
NAME	VELT, VICTOR W.
STREET ADDRESS	7730 NW 13TH STREET
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	ROBERTS, MARILYN GOTTLIEB
STREET ADDRESS	800 LENOX, #5
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	TD
NAME	CHAUNCEY, DONALD
STREET ADDRESS	6701 SW 67 CT.
CITY - ST - ZIP	S. MIAMI FL
TITLE	D
NAME	SHELLEY, JAMES SCOTT
STREET ADDRESS	800 LENOX, #1
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	ORCUTT, WILLIAM
STREET ADDRESS	1618 MICHIGAN AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PD
NAME	LOTSPEICH, BRAD
STREET ADDRESS	800 LENOX AVE #3
CITY - ST - ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)
DATE: **6/20/95** 534-7171
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