CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:22

DOCUMENT # N06776 (1)

1. Corporation Name

COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 COUNTRY LANE NE WINTER HAVEN FL 33881-2647	100 COUNTRY LANE NE WINTER HAVEN FL 33881-2647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2491259 ☐ 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

YOUNG, NEAL E.
300 THIRD ST NW
,
WINTER HAVEN FL 33880

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	TD	11 TITLE	T/D	☒ Change ☐ Addition
NAME	LADD, SELMA W.	12 NAME	Gregory P. Kent	
STREET ADDRESS	701 COUNTRY LANE NE	13 STREET ADDRESS	206 Country Lane, NE	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	SD	21 TITLE	S/D	☒ Change ☐ Addition
NAME	KNIGHT, JEANNE C	22 NAME	Benedett Feist	
STREET ADDRESS	703 COUNTRY LANE, NE	23 STREET ADDRESS	205 Country Lane, NE	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	P	31 TITLE	P/D	☒ Change ☐ Addition
NAME	YOUNG, NEAL E	32 NAME	Young, Neal E	
STREET ADDRESS	605 COUNTRY LANE NE	33 STREET ADDRESS	605 Country Lane, NE	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Winter Haven, FL 33881	
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: Gregory P. Kent 5-5-95 965-5408
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C0000007

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

DOCUMENT # N06954 **(4)**

1. Corporation Name

THE LANDINGS AT LAKE CAROLINE I, INC.

Principal Place of Business	Mailing Address
ROWLETT, BRYANT, W. 633 HARRISON AVENUE PANAMA CITY FL 32401 US	ROWLETT, BRYANT, W. 633 HARRISON AVENUE PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 05/25/1994
4. FEI Number: 59-2760521 ☐ 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

BRYANT, ROWLETT W.
633 HARRISON AVENUE
PANAMA CITY FL 32401

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, JOHN	12 NAME		
STREET ADDRESS	633 HARISSON AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP		
TITLE	STDV	21 TITLE	SDV	☒ Change ☐ Addition
NAME	BRYANT, ROWLETT W.	22 NAME		
STREET ADDRESS	633 HARISSON AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	TP	☐ Change ☒ Addition
NAME		32 NAME	Vickie L. Sheares	
STREET ADDRESS		33 STREET ADDRESS	1325 W. 12th St. A-4	
CITY-ST-ZIP		34 CITY-ST-ZIP	Panama City, FL 32401	
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)(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: Vickie L Sheares 6-1-95 (904) 785-1818
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vickie L. Sheares

608374

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
OF ST.

DOCUMENT # N06955 (1)

1. Corporation Name

THE LANDINGS AT LAKE CAROLINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ROWLETT W. BRYANT 833 HARRISON AVENUE PANAMA CITY FL 32401	% ROWLETT W. BRYANT 833 HARRISON AVENUE PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-2760521 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVE
PANAMA CITY FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	ABBOTT, JOHN	12 NAME	deleted	
STREET ADDRESS	833 HARRISON AVE	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☒ Change ☐ Addition
NAME	ROWLETT, BRYANT W	22 NAME	deleted	
STREET ADDRESS	833 HARRISON AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	RYAN, PATRICK	32 NAME		
STREET ADDRESS	1325 W. 12TH ST, C-4	33 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	TD	☒ Change ☐ Addition
NAME	CONRAD, HUTCHISON M	42 NAME		
STREET ADDRESS	1325 W. 12TH ST, C-5	43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	Asst Secretary/D	☐ Change ☒ Addition
NAME		52 NAME	Vickie L. Shears	
STREET ADDRESS		53 STREET ADDRESS	1325 W. 12th St. A-4	
CITY-ST-ZIP		54 CITY-ST-ZIP	PANAMA City, FL 32401	
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: Vickie L. Shears 6-1-95 (904) 785-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vickie L. Shears

000137

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

DOCUMENT # N07170 (6)

1. Corporation Name

CUYLER FIELD HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
S.R. 125 P.O. BOX 531 MACCLENNY FL 32063	S.R. 125 P.O. BOX 531 MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 26-5900512 ☐ 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

FISH, HUGH D., JR.
34 S. 5TH STREET
MACCLENNY FL 32063

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	HARRELL, CAROL	12 NAME	
STREET ADDRESS	RT.1 BOX 288 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FISH, THELMA	22 NAME	
STREET ADDRESS	RT 2, BOX 88 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FISH, HUGH D., JR.	32 NAME	
STREET ADDRESS	P O BOX 531 N/A, 34 S 5TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL	34 CITY-ST-ZIP	
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: Carol F. Harrell (Carol F. Harrell) 6-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title

Daytime Phone # 904-259-2011

000190

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
DIVISION OF CORPORATIONS

DOCUMENT # **N07678** **(8)**

1. Corporation Name

MOBILE HOME OWNER'S ASSOCIATION OF PLANTATION MA NOR, INC.

Principal Place of Business	Mailing Address
E-4 PLANTATION BLVD PLANTATION MANOR FT. PIERCE FL 34982	E-4 PLANTATION BLVD PLANTATION MANOR FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/18/1985**
3a. Date of Last Report: **03/30/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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

KEILS, DONALD
A-66 MOCKINGBIRD AVE
PLANTATION MANOR
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 311 MOCKINGBIRD AVE
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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	KEILS, DONALD	12 NAME		
STREET ADDRESS	A-66 MOCKINGBIRD AV.	13 STREET ADDRESS	311 MOCKINGBIRD AVE	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	SLAUGHTER, PAM	22 NAME		
STREET ADDRESS	A-33 MOCKINGBIRD AVE.	23 STREET ADDRESS	344 MOCKINGBIRD AVE	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	WOLF, CLARENCE	32 NAME		
STREET ADDRESS	H-3 NIGHTENGALE AVE.	33 STREET ADDRESS	254 NIGHTINGALE AVE	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	BROWN, PATRICIA	42 NAME	MCGLASHEN, GRACE	
STREET ADDRESS	M-33 MANOR DR.	43 STREET ADDRESS	242 NIGHTINGALE AVE	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☒ Change ☐ Addition
NAME	BRUBAKER, ALICE	52 NAME		
STREET ADDRESS	N-3 MANOR DR.	53 STREET ADDRESS	28 MANOR DR	
CITY-ST-ZIP	FT. PIERCE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	CHENOWITH, PAUL E. JR.	62 NAME		
STREET ADDRESS	E-4 PLANTATION BLVD.	63 STREET ADDRESS	119 PLANTATION BLVD	
CITY-ST-ZIP	FT PIERCE FL	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: Donald Keils, Pres. DONALD F. KEILS 5-29-95 (407) 465-9108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007678

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

DOCUMENT # **N08829** **(6)**

1. Corporation Name

HARBOUR ISLAND COMMUNITY SERVICES ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
424 KNIGHTS RUN AVENUE TAMPA FL 33602 US	424 KNIGHTS RUN AVENUE TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2539519** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TARBET, JAMES
424 KNIGHTS RUN AVENUE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Suzanne P. Marks
82 Street Address (P.O. Box Number is Not Acceptable): 424 Knights Run Avenue
83
84 City: Tampa, FL 85 Zip Code: 33602

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: Suzanne P. Marks — Suzanne P. Marks Managing Agent — 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	MCGOUGH, THOMAS	12 NAME		
STREET ADDRESS	301 N. WALNUT STREET	13 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HARVEY, THOMAS	22 NAME		
STREET ADDRESS	420 KNIGHTS RUN AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	COOK, MARIA F	32 NAME	SCOTT K. RHINEHART	
STREET ADDRESS	300 BENEFICIAL CENTER	33 STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	34 CITY-ST-ZIP	PEAPACK, NJ 07977	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	MERKEL, NANCY	42 NAME		
STREET ADDRESS	424 KNIGHTS RUN AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	TARBET, JAMES	52 NAME		
STREET ADDRESS	424 KNIGHTS RUN AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	AVP/T	☐ Change ☒ Addition
NAME		62 NAME	SUZANNE P. MARKS	
STREET ADDRESS		63 STREET ADDRESS	424 KNIGHTS RUN AVENUE	
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA, FL 33602	

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: Suzanne P. Marks — Suzanne P. Marks Treasurer — 5/18/95 — (813) 229-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000331F

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
DIVISION OF CORPORATIONS
95 [illegible] 55

DOCUMENT # N09161 (3)

1. Corporation Name

ARBORGATE PATIO HOMES AT KENDALL LAKES EAST, HOM EOWNERS' ASSOCIATION INC.

Principal Place of Business	Mailing Address
13415 S.W. 65TH LN MIAMI FL 33183-5045	13415 S.W. 65TH LN MIAMI FL 33183-5045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1985**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **59-2843564** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MONDINO LEANDRO
13428 SW 65 LN
MIAMI FL 33183

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MONDINO, LEANDRO	12 NAME	
STREET ADDRESS	13428 S W 65 LN	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES D	22 NAME	
STREET ADDRESS	13412 SW 65 LN	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	STD VELASQUEZ, ANA BELLO	31 TITLE	☐ Change ☐ Addition
NAME	~~ARMENGOL, ELOY~~	32 NAME	
STREET ADDRESS	~~6527 SW 139 CT~~ 6423 S.W. 133 CT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	SC	41 TITLE	☐ Change ☐ Addition
NAME	~~LEWIS, ERIC~~ RODRIGUEZ, ENRIQUE	42 NAME	
STREET ADDRESS	~~6411 SW 134 PL~~ 13736 S.W. 66 LN	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: [signature] MAY. 11, 1995 305-386-3734
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

084077