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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002481 (8)**

1. Corporation Name

**SEAWINDS TOWNHOMES AT HARBOR ISLANDS ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**255 ALHAMBRA CIRCLE
8TH FLOOR
CORAL GABLES FL 33134**

**P.O. BOX 026000
MIAMI FL 33102**

3. Date Incorporated or Qualified **05/22/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 026000**

22 City & State

27 City & State
Miami, FL

23 Zip Country
24 **33102** **25**

28 Zip Country
29 **33102** **30**

4. FEI Number
65-0648104

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**

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

**GETMAN, DENNIS J
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **0** ☐ DELETE
NAME **GETMAN, DENNIS J**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ DELETE
NAME **KERRIGAN, JAUNITA I**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MCNA** ☒ DELETE
NAME **IRYRIGAN, CHARLES L**
STREET ADDRESS **255 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☐ Change ☒ Addition
3.2 NAME **MCNAIRY, CHARLES L.**
3.3 STREET ADDRESS **255 ALHAMBRA CIRCLE**
3.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **ZALKIN, HENRY**
4.3 STREET ADDRESS **255 ALHAMBRA CIRCLE**
4.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Sy. J. Kerrigan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAUNITA I. KERRIGAN

4/2/97 (305) 442-7000

Date

Daytime Phone # **0078413**

CR2E037 (9/96)

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N11824** (2)

1. Corporation Name

UNLIMITED GOSPEL CHURCH OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

**C/O REV. EARLY C. OLIVER
1750 RAVENALL AVENUE
ORLANDO FL 32811**

**C/O REV. EARLY C. OLIVER
1750 RAVENALL AVENUE
ORLANDO FL 32811-4841**



3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, REV. EARLY C.
1750 RAVENALL AVENUE
ORLANDO FL 32811**

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 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

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 **DP** ☐ DELETE
NAME **OLIVER, EARLY C.**
STREET ADDRESS **1750 RAVENALL AVE.**
CITY - ST - ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **CDV** ☐ DELETE
NAME **OLIVER, ELAINE**
STREET ADDRESS **1750 RAVENALL AVE.**
CITY - ST - ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **FOLSTON, WILLIE J.**
STREET ADDRESS **5488 LILY STREET**
CITY - ST - ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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SIGNATURE: **Elaine Oliver** **RECEIVED** **OLIVER**

Date **04-25-97** Daytime Phone # **0017185**

CR2E037 (9/96)