## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N20685

(6)

THE DARTMOUTH CLUB OF CENTRAL FLORIDA, INC.

C/O JOSEPH D. ROBINSON IV 150 OXFORD RD., SUITE 140 P.O. BX 300224 FERN PARK FL 32730-9188  C/O JOSEPH D. ROBINSON IV 150 OXFORD RD., SUITE 140 P.O. BX 300224 FERN PARK FL 32730-9188  3. Date Incorporated or Qualified O5/01/1995  2. Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE Not Applied For NOT APPLICABLE Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Zip Country  Country  Applied For Not Applicable Selection Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees												
150 OKFORD RD. SUITE 140 P.D. BX 300224 FSRM PARK FL 327309188  2. Principal Place of Business 2. A. Maling Address of State Service S	Principal Place of Business Mailing Address								**********			
## PARK FL 32730-9188    FERN PARK FL 32730-9188   FERN PARK FL 32730-9188   S. Delet incorporated or Quarticity   CS/01/1987   CS/01/1												
Control   Page of Business   2a. Mailing Address   4. FEI Number   Accorded for Expendence of Business   2a. Mailing Address   4. FEI Number   NOT APPLICABLE   Accorded for Expendence of State   5a. Business   5a.							<u> </u>	2. Data leasurerated or Qualified	1 20 0	ata of Look	Donort	
Sulfe, Apr. 1, etc.    Sulfe, Apr. 1, etc.									3a. U			
Sulte, April 4, etc.    Sulte, April 4, etc.	2. Principal Pla	ace of Business					4			1	Applied For	
Set   Section Campaign Franching   Section Set   Section Set   Section Campaign Franching   Section Set   Section Section Section Set   Section Campaign Franching   Section	21		. <u>  </u>									
City & State    20	Suite, Apt. #	#, etc.	<del></del>					5. Certificate of Status Desired				
Added to Fees 20   20   20   20   20   20   20   30   3		9	City & State				•	6. Election Campaign Financing	P	\$5.0	0 May Be	
25	23		28				Trust Fund Contribution					
POBINSON, JOSEPH D, IV 150 OXFORD ROAD FERN PARK FL 32730  1582 Street Askin ass (P.O. Box Number is Not Acceptable)  179. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered again. To both in this Statutes of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office of registered again. To both in this Statutes of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office of registered again. To both in this Statutes of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or crustal again. To both in this Statutes of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered again. To both in this Statutes of Sections 617,0502 and 617,1508, Fonds Statutes, the above-named corporation submits this statument for the purpose of changing its registered affect of corporations in the corporation is board of circles. Statutes accept the apparentment as registered affect. The corporation is board of circles in statutes and the corporation is board of circles in statutes and the proper districts and the corporation is board of circles in statutes.  SIGNATURE  12.	<u> </u>	· · ·	<b>⊢</b> '				8					
ROBINSON, JOSEPH D., IV   150 OXFORD ROAD   FERN PARK FL 32730	24			30								
ROBINSON, JOSEPH D., IV 150 OXFORD ROAD FERN PARK FL 32730  B4 City FL B5 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Foods Statutes, the above-named corporation submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Horids Such change was authorized by the corporation's board of orectors. I hereby accept the approximent as registered effice or registered agent, or both, in the State of Horids Such change was authorized by the corporation's board of orectors. I hereby accept the approximent as registered efficient or registered agent, or both, in the State of Horids Such change was authorized by the corporation's board of orectors. I hereby accept the approximent as registered efficient and an approximate as registered agent, or both, in the State of Horids Such change was authorized by the corporation's board of orectors. I hereby accept the approximent as registered agent, or both, in the State of Horids Such change was authorized by the corporation's board of orectors. I hereby accept the approximate as registered agent, or both, in the State of Horids Such change agent, or both, in the State of Horids Such change agent, and in the purpose of change is registered agent, or both, in the State of Horids Such change agent, and in the purpose of change is registered agent, or both, in the State of Port of		9. Name and Address of Currer	nt Hegistered Agent		R1	Name	11	U. Name and Address of New H	edistereo	Agent		
150 OXFORD ROAD FERN PARK FL 32730  BS 3  FAL City FL BS Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florda Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florda 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 objection of 70,0503, Princial Statutes.  SIGNATURE  SIGNATURE  12. OFFOERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  TILL PD DEETE 11. III.L PD DEETE 12. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  LAKE MARY FL 12. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  LAKE MARY FL 13. SET ADDRESS 14. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  LAKE MARY FL 14. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  LAKE MARY FL 14. ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  LAKE MARY FL 15. SET ADDRESS 16. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 24. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 25. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 25. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. DELETE 25. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAKE MARY FL 10. STREET ADDRESS 17. ST. 2P  LAK	505010	ON 10055/15 #/		[								
FERN PARK FL 32730    63				1	62	Street /	Address (I	P.O. Box Number is Not Acceptab	le)			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named cooperation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent in the purpose of changing its registered agent. I am registered agent in the purpose of changing its registered agent. I am registered agent in the purpose of changing its registered agent. I am registered agent. I am registered agent in the purpose of changing its registered agent. I am registered agent in the purpose of changing its registered agent. I am registered agent in the purpose of changing its registered agent. I am registered				Ī	<b>B3</b>	•						
11. Persuant to the provisions of Sections 617,1509, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Broad Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am manual accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PD				ļ-	64	City				85 Zir	o Code	
or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. It am familiar with, and accept the obligations of Section 617.003. Floridal Statutes. I sharp the familiar with, and accept the obligations of Section 617.003. Floridal Statutes. I sharp the familiar with a lapprotate in the familiar with a familiar wit	44 Dureuset t	to the provisions of Sections 617.0501	2 and 617 1508 Florida Statu	ites the above	/O-D	amad co	rooration	submite this statement for the nur		anoino its r	egistered office	
SIGNATURE    Signature, hyand or printed name of registered agencia of time I aspeciate   NOTE Pegistered Agent synchron recovered when inentiating   DATE	or register	red agent, or both, in the State of Flori	ida. Such change was authori	ized by the co	orpc	oration's	board of	directors. I hereby accept the appoint	pintment a	s registered	agent. I am	
12		th, and accept the boligations of, Sect	tion 617.0003, Fiorida Statute	#5.								
TITLE		Signature, typed or printed name of registered agen	t and title if applicable (N	NOTE: Registered A	Agent	t signature re	quired when	n reinstating)	DATE			
NAME SIREF ADDRESS 352 EVANSDALE ROAD 1.3 SIREF ADDRESS 1.4 CITY-ST-ZPP LAKE MARY FL 1.4 CITY-ST-ZPP LAKE MARY FL 1.5 SIREF ADDRESS 0782 ALEGRE CIRCLE 22 SAME SIREF ADDRESS 0782 ALEGRE CIRCLE 23 SAME SIREF ADDRESS 0784 SCOVE 0784 SCOVE 1.5 STORES 1705 CITY-ST-ZPP 1.5 SO 1.5 STORES 1.5							•	<del> </del>	ICERS AN	D DIRECTO	DRS IN 12	
STREET ADDRESS   SZE EVANSDALE ROAD   13 STREET ADDRESS   14 CTIT'LE	TITLE	PD	DELETE	1.1 100	LE					Change	Addition	
CITY_ST_2P	NAME	SEYMOUR, THADDEUS J	EYMOUR, THADDEUS J		1.2 NAME							
TITLE VD DELETE 21 TITLE	STREET ADDRESS	352 EVANSDALE ROAD		1.3 STF	1.3 STREET ADDRESS							
MARTIN-COURT, DIANE  STREET ADDRESS  8792 ALEGRE CIRCLE  CITY-ST-ZIP  TITLE  SD  DELETE  31 TITLE  SD  DELETE  31 TITLE  SD  MARE  KEROUAC, MICHAEL R  32 NAME  STREET ADDRESS  CITY-ST-ZIP  LONGWOOD FL  34 CITY-ST-ZIP  TITLE  TD  DELETE  41 TITLE  TD  DELETE  41 TITLE  TD  ADDRESS  CITY-ST-ZIP  TITLE  TO  DELETE  41 TITLE  TO  ADDRESS  CITY-ST-ZIP  TITLE  TO  DELETE  41 TITLE  D  ADDRESS  CITY-ST-ZIP  TITLE  D  ADDRESS  TYPO ALABAMA DR  42 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  ADDRESS  TYPO ST-ZIP  TITLE  D  DELETE  51 TITLE  D  ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  51 TITLE  D  DELETE  51 TITLE  D  DELETE  51 TITLE  D  DELETE  TITLE  D  DELETE  TITLE  D  DELETE  51 TITLE  D  DELETE  51 TITLE  D  DELETE  TITLE  D  DELETE  51 TITLE  D  DELETE  61 TITLE  D  DELETE  ADDRESS  DITY-ST-ZIP  TITLE  D  DELETE  61 TITLE  D  DELETE  61 TITLE  D  DELETE  61 TITLE  D  DELETE  61 TITLE  D  DELETE  64 CITY-ST-ZIP  TITLE  TO  DELETE  14. Lide hereby certify that the information supplied with this filing is voluntarily furnished and close not depart and depart and these not depart and address the part is properly and the same level at effect as if marchs under and close and c	CITY-ST-ZIP	LAKE MARY FL		1.4 CIT	Y - \$1	T-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 31 TITLE SD DELETE 32 NAME KEROUAC, MICHAEL R 32 NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 33 STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 41 TITLE TD DELETE 41 TITLE TD DELETE 41 TITLE TO DELETE 51 TITLE TO DELETE TO DELETE 51 TITLE T	TITLE	VD	DELETE	2 1 TITI	LE					☐ Change	Addition Addition	
CITY-ST-ZIP  ORLANDO FL  ITILE  SD  DELETE  31 TITLE  SD  CHAnge  Addition  NAME  KEROUAC, MICHAEL R  32 NAME  32 NAME  33 SPRET ADDRESS  CITY-ST-ZIP  LONGWOOD FL  34 CITY-ST-ZIP  ITILE  TD  DELETE  4.1 TITLE  Change  Addition  NAME  SCOTT, JOHN  4.2 NAME  SCOTT, JOHN  4.3 STREET ADDRESS  CITY-ST-ZIP  WINTER PARK FL  4.4 CITY-ST-ZIP  TITLE  D  DELETE  5.1 TITLE  D  Change  Addition  Addition  NAME  ROBINSON, JOSEPH D., IV  52 NAME  STREET ADDRESS  CITY-ST-ZIP  FERN PARK FL  54 CITY-ST-ZIP  TITLE  VD  DELETE  61 TITLE  Change  Addition  Addition  Addition  Addition  STREET ADDRESS  S	NAME			22 NAME								
TITLE SD DELETE 31 TITLE 32 NAME  KEROUAC, MICHAEL R 32 NAME  STREET ADDRESS 2843 SPYGLASS COVE 33 STREET ADDRESS  CITY-S1-ZIP LONGWOOD FL 34 CITY-S1-ZIP  TITLE TD DELETE 4.1 TITLE COTTON A 2 NAME  SCOTT, JOHN 4.2 NAME  SCOTT, JOHN 4.2 NAME  SCOTT, JOHN 4.2 NAME  SCOTT, JOHN 4.2 STREET ADDRESS  CITY-S1-ZIP WINTER PARK FL 4.5 CITY-S1-ZIP  TITLE D D DELETE 5.1 TITLE CHange Addition  NAME ROBINSON, JOSEPH D., IV 52 NAME  STREET ADDRESS 150 OXFORD RD., ≠140 53 STREET ADDRESS  CITY-S1-ZIP FERN PARK FL 5.4 CITY-S1-ZIP  TITLE VD DELETE 6.1 TITLE CHANGE  STREET ADDRESS 52 NAME  STREET ADDRESS 52 W YALE ST ORLANDO FL 6.3 STREET ADDRESS  DITY-S1-ZIP ORLANDO FL 6.3 STREET ADDRESS  DITY-S1-ZIP ORLANDO FL 6.3 STREET ADDRESS  DITY-S1-ZIP ORLANDO FL 6.4 CITY-S1-ZIP  14. Lock beredly certify that the information supplied with this filing is voluntarily formished and does not qualify for the exemption stated in Section 119.07(3)(N), Florida Statutes. I further the content of the treatment of t	STREET ADDRESS			2.3 STREET ADDRESS								
NAME KEROUAC, MICHAEL R STREET ADDRESS 2843 SPYGLASS COVE 13 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 34 CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE TD Change Addition NAME SCOTT, JOHN 4.2 NAME STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE D Change Addition NAME ROBINSON, JOSEPH D., IV 52 NAME STREET ADDRESS 150 OXFORD RD., #140 53 STREET ADDRESS CITY-ST-ZIP FERN PARK FL 54 CITY-ST-ZIP NAME DILG, G, ROBERTSON STREET ADDRESS 525 W YALE ST ORLANDO FL 63 STREET ADDRESS DITY-ST-ZIP ORLANDO FL  14. 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 cards under the same leval effect as if made under	CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP LONGWOOD FL  TITLE TD DELETE 41 TITLE TD Addition NAME SCOTT, JOHN 4.2 NAME STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 4.6 CITY-ST-ZIP TITLE D Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D ADBINSON, JOSEPH D., IV STREET ADDRESS CITY-ST-ZIP FERN PARK FL 5.3 STREET ADDRESS CITY-ST-ZIP FERN PARK FL 5.4 CITY-ST-ZIP TITLE D ADBINSON, JOSEPH D., IV STREET ADDRESS CITY-ST-ZIP FERN PARK FL 5.3 STREET ADDRESS CITY-ST-ZIP FERN PARK FL 5.4 CITY-ST-ZIP TITLE D AME DILG, G, ROBERTSON STREET ADDRESS CITY-ST-ZIP ORLANDO FL 6.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 6.4 CITY-ST-ZIP ORLANDO FL 6.4 CITY-ST-ZIP  TALL GOS 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 contact properties and fixed as if marks uppler	TITLE		<del></del>							Change	☐ Addition	
CITY-S1-ZIP  LONGWOOD FL  TITLE  TD  DELETE  4.1 TITLE  X NAME  SCOTT, JOHN  4.2 NAME  4.3 STREET ADDRESS  LOTY-S1-ZIP  WINTER PARK FL  4.4 CITY-S1-ZIP  TITLE  D  D  DELETE  5.1 TITLE  NAME  STREET ADDRESS  LOTY-S1-ZIP  FERN PARK FL  5.3 STREET ADDRESS  CITY-S1-ZIP  TITLE  VD  DELETE  5.1 TITLE  VD  DELETE  6.1 TITLE  VD  DELETE  6.1 TITLE  VD  DELETE  6.3 STREET ADDRESS  CITY-S1-ZIP  TITLE  VD  DILG, G, ROBERTSON  6.2 NAME  STREET ADDRESS  CITY-S1-ZIP  TOTLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-S1-ZIP  TOTLE  VD  DELETE  6.1 TITLE  VD  RAME  STREET ADDRESS  CITY-S1-ZIP  TOTLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-S1-ZIP  ORLANDO FL  4.4 CITY-S1-ZIP  Addition  ADDRESS  CITY-S1-ZIP  ORLANDO FL  4.2 NAME  Addition					i i							
TITLE TD DELETE 4.1 TITLE Change Addition  NAME SCOTT, JOHN 4.2 NAME  \$TREET ADDRESS 1790 ALABAMA DR 4.3 STREET ADDRESS  \$CITY-ST-ZIP WINTER PARK FL 4.4 CITY-ST-ZIP  TITLE D DELETE 5.1 TITLE  ROBINSON, JOSEPH D., IV 52 NAME  \$TREET ADDRESS 150 OXFORD RD., #140 53 STREET ADDRESS  \$CITY-ST-ZIP FERN PARK FL 5.4 CITY-ST-ZIP  TITLE VD DELETE 6.1 TITLE  VD DELETE 6.1 TITLE  NAME DILG, G, ROBERTSON  \$TREET ADDRESS 525 W YALE ST 6.3 STREET ADDRESS  \$CITY-ST-ZIP ORLANDO FL 6.4 CITY-ST-ZIP  1.4 I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certific that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certific that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certific that the information or supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certific that the information or supplied with this filing as voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certific that the information or proportion of this approach and proportion and accountable and that my signature shall have the same level affect as if made upder					1							
NAME SCOTT, JOHN 1790 ALABAMA DR 4.3 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 4.4 CITY-ST-ZIP  TITLE D ROBINSON, JOSEPH D., IV 52 NAME STREET ADDRESS CITY-ST-ZIP FERN PARK FL 5.1 TITLE NAME STREET ADDRESS FERN PARK FL 5.2 SAME STREET ADDRESS CITY-ST-ZIP FITLE VD DELETE 6.1 TITLE VD DELETE 6.1 TITLE VD Change Addition DELETE 6.1 TITLE VD Change Addition DELETE 6.1 TITLE SACITY-ST-ZIP TITLE VD Change Addition ORAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 6.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 6.4 CITY-ST-ZIP  1.4 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 certificity 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 certificity 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 certificated on this approach and that my signature shall have the same legal effect as if made under									<del> </del>	T Change	Addition	
THEET ADDRESS CITY-ST-ZIP WINTER PARK FL  14 CITY-ST-ZIP  NAME ROBINSON, JOSEPH D., IV STREET ADDRESS CITY-ST-ZIP FERN PARK FL  150 OXFORD RD., #140 53 STREET ADDRESS CITY-ST-ZIP FERN PARK FL  54 CITY-ST-ZIP  TITLE VD  DELETE 61 BILE 61 BILE 5.1 TITLE VD  Change Addition  DELETE 61 BILE 61 BIL	1	! ' <u>-</u> .	<del>-</del> 1							□ ruan <b>g</b> e	☐ vooiiiou	
WINTER PARK FL  1/ITLE  D  OBLETE  5.1 TITLE  NAME  ROBINSON, JOSEPH D., IV  52 NAME  150 OXFORD RD., #140  53 STREET ADDRESS  CITY-ST-ZIP  FERN PARK FL  54 CITY-ST-ZIP  ITTLE  VD  OBLETE  61 TITLE  DILG, G, ROBERTSON  525 W YALE ST  ORLANDO FL  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 certific that the information isopplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certification 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 certification information is proportion to supplemental and account and that my signature shall have the same legal effect as if made under	ļ .	1				ADDRESS						
TITLE D DELETE 5.1 TITLE CHange Addition  NAME ROBINSON, JOSEPH D., IV 52 NAME  STREET ADDRESS 150 OXFORD RD., #140 53 STREET ADDRESS  CITY-ST-ZIP FERN PARK FL 54 CITY-ST-ZIP  TITLE VD DILG, G, ROBERTSON 62 NAME  STREET ADDRESS 525 W YALE ST 63 STREET ADDRESS  CITY-ST-ZIP ORLANDO 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 certification information is propried to supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certification.	]	1										
ROBINSON, JOSEPH D., IV  STREET ADDRESS CITY-ST-ZIP FERN PARK FL  150 OXFORD RD., #140  53 STREET ADDRESS CITY-ST-ZIP FERN PARK FL  54 CITY-ST-ZIP  TITLE VD  Change Addition  DELETE 61 THLE  DILG, G, ROBERTSON 62 NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL  63 STREET ADDRESS CITY-ST-ZIP  ORLANDO FL  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 certification information is proportion to proportion			FIDELETE			1-211				Change	Addition	
STREET ADDRESS CITY-ST-ZIP FERN PARK FL  S4 CITY-ST-ZIP  VD  DILG, G, ROBERTSON STREET ADDRESS CITY-ST-ZIP  DILG, G, ROBERTSON STREET ADDRESS CITY-ST-ZIP  ORLANDO FL  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 certifies that the information indicated on this angual report is true and accurate and that my signature shall have the same legal effect as if made under	!!!	_									hand	
CITY-ST-ZIP  FERN PARK FL  5 4 CITY-ST-ZIP  TITLE  VD  DILG, G, ROBERTSON  STREET ADDRESS  CITY-ST-ZIP  DILG, G, ROBERTSON  525 W YALE ST  ORLANDO FL  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 angual report is true and accurate and that my signature shall have the same legal effect as if made under						ADORESS						
TITLE VD DILG, G, ROBERTSON 62 NAME  STREET ADDRESS CITY-ST-ZIP  ORLANDO FL  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 angual report is true and accurate and that my signature shall have the same legal effect as if made under	1											
NAME  DILG, G, ROBERTSON  525 W YALE ST  ORLANDO FL  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 angular proof is true and accurate and that my signature shall have the same legal effect as if made under		<u> </u>	DELETE		_					Change	Addition	
STREET ADDRESS  525 W YALE ST  ORLANDO FL  63 STREET ADDRESS  64 CITY - ST - ZIP  64 CITY - ST - ZIP  64 CITY - ST - ZIP  65 STREET ADDRESS  64 CITY - ST - ZIP  65 STREET ADDRESS  64 CITY - ST - ZIP  65 STREET ADDRESS  64 CITY - ST - ZIP  66 STREET ADDRESS  67 CITY - ST - ZIP  67 CITY - ST - ZIP  68 STREET ADDRESS  68 STREET ADDRESS  68 CITY - ST - ZIP  69 CITY -		l '		62 NA	ΜE							
ORLANDO FL  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 CITY-ST-ZIP  66 CITY-ST-ZIP  67 CITY-ST-ZIP  67 CITY-ST-ZIP  67 CITY-ST-ZIP  67 CITY-ST-ZIP  67 CITY-ST-ZIP  68				63518								
notify that the information indicated on this agonust report or supplemental agonust report is true and accurate and that my signature shall have the same legal effect as if made under	CITY-ST-ZIP	ORLANDO FL										
certify that I am an officer or director of the copromer 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 of an attachment with an address.	14. I do hereb	by certify that the information supplied	with this filing is voluntarily fu	imished and o	does	s not qua	lify for the	e exemption stated in Section 119.	07(3)(k), F	orida Statuf	tes. I further	
	oath; that appears in	it the information froicated on this and t I am an officer or director of the corp n Block 12 or Block 13 if changed, or	oration or the receiver or trust oration or the receiver or trust of an attackment with an ad-	inual report is tee empower Idress	ed t	to execut	e this rep	oort as required by Chapter 617, Fl	orida Statu	ites; and the	at my name	

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO SERLY DEPARTMENT OF SIGNING OFFICER OR DIRECTOR

TO SERLY DEPARTMENT OF SIGNING OFFICER OR DIRECTOR

TO SERLY DEPARTMENT OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407)831-221

Daytime Phone I

3R2E037 (12/95)