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

APPROVED AND FILED

95 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23977** **(4)**

1. Corporation Name

THE INNLET AT PONTE VEDRA BEACH MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
118 WEST ADAMS STREET, SUITE 3-A JACKSONVILLE FL 32201	P.O. BOX 1200 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1987**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-3031837** ☐ 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
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

FOSTER, SCOTT R
118 WEST ADAMS STREET, SUITE 3-A
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — 85 Zip Code — **FL**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FOSTER, SCOTT	12 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ADDISON, GRAFTON D III	22 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	LUCAS, MICHAEL J	32 NAME	
STREET ADDRESS	118 WEST ADAMS STREET, THIRD FLOOR	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	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 exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

5/15/95
Date

904-354-1789
Daytime Phone #

0024747

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DIVISION OF CORPORATIONS

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DOCUMENT # N24006 (1)

1. Corporation Name

BARBARA & GRACE, INC.

Principal Place of Business	Mailing Address
1733 PEARL ST. N. JACKSONVILLE FL 32206 US	C/O BARBARA MAHONE 6247 CREETOWN DR JACKSONVILLE FL 32216-8904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2954006 — 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

MAHONE, BARBARA
6247 CREETOWN DRIVE
JACKSONVILLE FL 32216

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 ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAHONE, BARBARA
STREET ADDRESS	6247 CREETOWN DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	GRIBBLE ADA W.
STREET ADDRESS	205 KIMBERLE CT.
CITY-ST-ZIP	AUBURNDALE FL
TITLE	D
NAME	WEATHERLY, TELIA
STREET ADDRESS	4560 HIGHWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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(1)(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: BARBARA MAHONE Barbara Mahone 5-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025617

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24063** **(2)**

1. Corporation Name

LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 950856 LAKE MARY FL 32795	P.O. BOX 950856 LAKE MARY FL 32795

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2928310 ☐ 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 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOVER, STEPHEN H.
230 NORTH PARK AVENUE
SANFORD FL 32771

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
Title	PD	Title	VD ☒ Change ☐ Addition
Name	MARTIN, BRUCE	Name	Kruse, Ray
Street Address	161 LAKEBREEZE CIR.	Street Address	353 Lakebreeze Circle
City-St-Zip	LAKE MARY FL 32746	City-St-Zip	Lake Mary, FL 32746
Title	SD	Title	☐ Change ☐ Addition
Name	KELLY, GAIL	Name	
Street Address	350 LAKEBREEZE CIR.	Street Address	
City-St-Zip	LAKE MARY FL 32746	City-St-Zip	
Title	TD	Title	☐ Change ☐ Addition
Name	CONFESSORE, VICTOR	Name	
Street Address	437 MAINSAIL CT.	Street Address	
City-St-Zip	LAKE MARY FL 32746	City-St-Zip	
Title	VD	Title	PD ☒ Change ☐ Addition
Name	HARDY, RUSSELL	Name	Hardy, Russell
Street Address	368 LAKEBREEZE CIR.	Street Address	368 Lakebreeze Circle
City-St-Zip	LAKE MARY FL 32746	City-St-Zip	Lake Mary, FL 32746
Title	D	Title	D ☒ Change ☐ Addition
Name	GLOSS, DON	Name	Reynolds, Michael
Street Address	323 LAKEBREEZE CIR..	Street Address	601 Spinnaker Way
City-St-Zip	LAKE MARY FL 32746	City-St-Zip	Lake Mary, FL 32746
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Victor Confessore Victor Confessore 5/16/95 407-330-0618
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0033144