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 -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N25597** **(8)**

1. Corporation Name
ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4820 20TH AVENUE VERO BEACH FL 32967	4820 20TH AVENUE VERO BEACH FL 32967

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0125303 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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
MESSINGER, TONI 4820 20TH AVENUE VERO BEACH FL 32967	81 Name: Lynn M. Heberling 82 Street Address (P.O. Box Number is Not Acceptable) 83 4820 20th Avenue 84 City: Vero Beach FL 85 Zip Code: 32967

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: *Lynn M Heberling, Property Manager* — 4-26-95
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	D	11 TITLE	D	☒ Change ☒ Addition
NAME	PAGE, DAVID	12 NAME	Frank Dempsey	
STREET ADDRESS	4820 20TH AVENUE	13 STREET ADDRESS	4820 20th Avenue	
CITY ST ZIP	VERO BEACH FL	14 CITY ST ZIP	Vero Beach, FL 32967	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	LANG CHARLES E.	22 NAME		
STREET ADDRESS	4820 20TH AVENUE	23 STREET ADDRESS		
CITY ST ZIP	VERO BEACH FL 32967	24 CITY ST ZIP		
TITLE	DT	31 TITLE	DT	☒ Change ☒ Addition
NAME	BYRNE SUE	32 NAME	Daniel J. Molloy	
STREET ADDRESS	4820 20TH AVENUE	33 STREET ADDRESS	4820 20th Avenue	
CITY ST ZIP	VERO BEACH FL 32967	34 CITY ST ZIP	Vero Beach, FL 32967	
TITLE	DVS	41 TITLE	DV	☒ Change ☒ Addition
NAME	GARRY EDWARDS L. MD	42 NAME	Philip B. Stull, Jr.	
STREET ADDRESS	4820 20TH AVE.	43 STREET ADDRESS	4820 20th Avenue	
CITY ST ZIP	VERO BCH FL 32967	44 CITY ST ZIP	Vero Beach, FL 32967	
TITLE		51 TITLE	DS	☐ Change ☒ Addition
NAME		52 NAME	Hoyt R. Chapin	
STREET ADDRESS		53 STREET ADDRESS	4820 20th Avenue	
CITY ST ZIP		54 CITY ST ZIP	Vero Beach, FL 32967	
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: *Charles E. Lang* — 4/27/95 — (407) 770-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005002

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 19 PM 3:10
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N25870

1. Corporation Name
FLORIDA BUSINESS DEVELOPMENT FUND, INC.

Principal Place of Business	Mailing Address
136 S. BRONOUGH STREET TALLAHASSEE, FL 32302	P.O. BOX 11309 TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
4/12/1988	4/25/1994

4. FEI Number: 59-2903861 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
	81 Name: FRANK M. RYLL, Jr.
	82 Street Address (P.O. Box Number is Not Acceptable): 136 S. BRONOUGH STREET
	83
	84 City: TALLAHASSEE FL 85 Zip Code: 32302

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] 6-15-95
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	C D	1.1 TITLE	☐ Change ☐ Addition
NAME	WATTLES, BRETT	1.2 NAME	900001545719
STREET ADDRESS	110 E. SILVER SPRINGS BLVD	1.3 STREET ADDRESS	-07/25/95--01091--023
CITY ST ZIP	OCALA, FL	1.4 CITY ST ZIP	*****86.25 *****86.25
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TESCH, RICK	2.2 NAME	
STREET ADDRESS	200 E. ROBINSON STREET, SUITE 600	2.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GARVER, JIM	3.2 NAME	
STREET ADDRESS	200 E. LAS OLAS BLVD	3.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE, FL	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	FERRARA, CLAIRE	4.2 NAME	
STREET ADDRESS	COLLINS BLDG, ROOM 325, 107 W GAINES STREET	4.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	CH

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] 6/15/95 904-488-9364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #