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

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N27538** (0)

1. Corporation Name

THE MSN OFFICE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1190 W. EDGEWOOD AVE STE. A JACKSONVILLE FL 32208 US	1190 W EDGEWOOD AVE STE. A JACKSONVILLE FL 32208 US

3. Date Incorporated or Qualified: 07/21/1988
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-1847618 ☐ Applied For ☐ Not Applicable

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

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

MERCIER, LEE F.
1020 FIRST UNION TOWER
JACKSONVILLE FL

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	MITCHELL, ORRIN D.
STREET ADDRESS	5365 OAK BAY DR. E.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	SMITH, JOSEPH E.
STREET ADDRESS	1915 N. PEARL STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	STD
NAME	NEWTON, FREDERICK
STREET ADDRESS	3041 HALEY LANE
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(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] 5/15/95 904-766-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026227

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

APPROVED AND FILED
95 MAY 15

DOCUMENT # **N27657** **(8)**

1. Corporate Name

WEST BAY AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LARRY B ALEXANDER 505 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	17290 JONATHAN DR. JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0108127 (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
21 400 Toney Penna Dr.	26 400 Toney Penna Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jupiter, FL.	28 Jupiter, FL
24 Zip: 33458	29 Zip: 33458
25 County: Palm Beach	30 County: Palm Beach

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY
505 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name: Leonard H. McVicar
82 Street Address (P.O. Box Number is Not Acceptable): 400 Toney Penna Drive
83
84 City: Jupiter **FL** 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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] 5-4-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES OR DELETIONS (☐ Change ☐ Addition)
~~PD~~ ~~COMBS, CRAIG L~~ ~~17290 JONATHAN DRIVE~~ ~~JUPITER FL~~	PD Jan Nichols 3910 Back Bay Drive, #133 Jupiter, FL 33477
~~VPD~~ ~~NICHOLS, JANET B~~ ~~3910 BACK BAY DRIVE # 133~~ ~~JUPITER FL~~	VPD Howard McKee 16071 West Bay Drive, #167 Jupiter, FL 33477
~~STD~~ ~~PAPAGEORGE, THERESA A~~ ~~17290 JONATHAN DR~~ ~~JUPITER FL~~	Sec. Emil Mascia 16151 West Bay Drive, #260 Jupiter, FL 33477
	Treasurer Thomas Mihalek 16101 West Bay Drive, #164 Jupiter, FL 33477
	Director Daniel Rubinstein 16151 West Bay Drive, #160 Jupiter, FL 33477

14. I, the officer(s) 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 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 of this report or on any attachment with an address.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0012662

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N27891 (3)

1. Corporation Name

THE EMMANUEL, SHEPPARD & CONDON FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD R BAKER 30 S SPRING ST. P.O DRAWER 1271 PENSACOLA FL 32596	C/O RICHARD R BAKER 30 S SPRING ST. P.O DRAWER 1271 PENSACOLA FL 32596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1988
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2939836 — Applied For / Not Applicable

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

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

EMMANUEL, ROBERT .A
30 SOUTH SPRING STREET
PENSACOLA FL 32501

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 [signature] Robert A. Emmanuel 5-16-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	EMMANUEL, ROBERT A.
STREET ADDRESS	30 SOUTH SPRING STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	BOOKMAN, ALAN B.
STREET ADDRESS	30 SOUTH SPRING STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	CONDON, A. G., JR.
STREET ADDRESS	30 S. SPRING ST.
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

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)(i), Florida Statutes. I further certify that the information indicated on the 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] Robert A. Emmanuel 5-16-95 (904) 433-6581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0072700

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

APPROVED
AMD
FILED
95 MAY 15
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N30281 (2)

1. Corporation Name

FIRE FIGHTERS MEMORIAL BUILDING CORPORATION

Principal Place of Business	Mailing Address
8000 NW 21ST ST. STE. 222 MIAMI FL 33122 US	8000 NW 21 ST SUITE 222 MIAMI FL 33122-1605 US

3. Date Incorporated or Qualified: 01/20/1989
3a. Date of Last Report: 04/27/1994

4. FEI Number: 65-0193375 --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

E.H.G. RESIDENT AGENTS INC.
2601 S. BAYSHORE DR.
STE. 1225
MIAMI FL 33133

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable): 5100 Town Center Circle

33 Suite 330

34 City: Boca Raton **FL** 35 Zip Code: 33486

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: By: _____ Edward H. Gilbert, President 5/15/95
(Appointed Registered Agent's Signature) (If Registered Agent is an entity, list name and title.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GELABERT, AMNNY	12 NAME	
STREET ADDRESS	8000 NW 21ST ST., STE. 222	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DONN, MICKEY	22 NAME	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RAINEY, GARY	32 NAME	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LOWE, STEVEN	42 NAME	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	HILLS, STANLEY	52 NAME	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KRAMER, MICHAEL	62 NAME	
STREET ADDRESS	8000 NW 21 STREET, SUITE 222	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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)(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: Steven O Lowe Steven O Lowe 5/10/95 (305) 513-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004091