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 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29420** **(9)**

1. Corporation Name

FIRST HAITIAN CHURCH OF THE NAZARENE OF WINTER H AVEN, INC.

Principal Place of Business: P. O. BOX 5680, LAKELAND FL 33807-5680

Mailing Address: P. O. BOX 5680, LAKELAND FL 33807-5680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0917278 ☐ 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

BRUTUS, JULIO ANDRE
235 POMELO ST
LAKE ALFRED FL 33850

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 ________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUTUS, JULIO ANDRE	1.2 NAME	
STREET ADDRESS	504 AVE I SE	1.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL 33880	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~GESTONENE, ELFILS~~	2.2 NAME	Marie Michele Vincent
STREET ADDRESS	~~406 AVE. M~~, N.E.	2.3 STREET ADDRESS	504 Avenue I, SE
CITY ST ZIP	~~WINTER HAVEN~~ FL	2.4 CITY ST ZIP	Winter Haven, FL 33880
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	~~LEBLANC, ROSANTE~~	3.2 NAME	Yolaine Baussin
STREET ADDRESS	243 ~~1/2 AVE. L~~ NE	3.3 STREET ADDRESS	512 Avenue I, SE
CITY ST ZIP	~~WINTER HAVEN~~ FL 33881	3.4 CITY ST ZIP	Winter Haven, FL 33880
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FENELON, MIRADIEU	4.2 NAME	
STREET ADDRESS	200 AVE K S.E. #189	4.3 STREET ADDRESS	
CITY ST ZIP	WINTER HAVEN FL 33880	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	

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: Julio A. Brutus — 4/12/95 — 813-299-3314

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

0057005

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CORPORATION ANNUAL REPORT **1995**

FILED

TALLAHASSEE, FLORIDA

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DOCUMENT # N29488 (6)

1. Corporate Name

MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: ~~P.O. BOX 03-2062, DELRAY BEACH FL 33483~~

Mailing Address: ~~P.O. BOX 03-2062 DELRAY BEACH FL 33483~~

2. Principal Place of Business: Assoc Prop. Mgmt, 4005. Dixie Hwy #10, Lake Worth, Fl, 33460, USA

2a. Mailing Address: Assoc Prop. Mgmt, 4005. Dixie Hwy #10, Lake Worth, Fl, 33460, USA

3. Date Incorporated or Qualified: 11/30/1988

3a. Date of Last Report: 04/18/1994

4. FEI Number: 65-0120498 — 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

9. Name and Address of Current Registered Agent

~~SEACH, WILLIAM R.~~
~~1220 SOUTH OCEAN BLVD.~~
~~DELRAY BEACH FL 33483~~

DISTINCTIVE HOMES
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH, FL
33414

10. Name and Address of New Registered Agent

Name: ~~Associated Property Management~~
Street Address (P.O. Box Number is Not Acceptable): ~~4100 South Dixie Highway #10~~
City: ~~Lake Worth~~ FL Zip Code: ~~33460~~

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: MICHAEL H. NELSON, PRESIDENT [signature] 4/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~PD~~	TITLE	P/D ☒ Change ☐ Addition
NAME	~~SEACH, DAVID R.~~	NAME	Ken Seclern
STREET ADDRESS	~~1220 SOUTH OCEAN BLVD.~~	STREET ADDRESS	1134 Lake Wellington Drive
CITY-ST-ZIP	~~DELRAY BEACH FL~~	CITY-ST-ZIP	Wellington, Fl
TITLE	~~VD~~	TITLE	V/D ☒ Change ☐ Addition
NAME	~~SEACH, WILLIAM R.~~	NAME	Lee De Olive
STREET ADDRESS	~~1220 SOUTH OCEAN BLVD.~~	STREET ADDRESS	651 Lake Wellington Drive
CITY-ST-ZIP	~~DELRAY BEACH FL~~	CITY-ST-ZIP	Wellington, Fl
TITLE	~~STD~~	TITLE	S/D ☒ Change ☐ Addition
NAME	~~SEACH, MARILYN G.~~	NAME	Phyllis Nolan
STREET ADDRESS	~~1220 SOUTH OCEAN BLVD.~~	STREET ADDRESS	411 Lake Wellington Drive
CITY-ST-ZIP	~~DELRAY BEACH FL~~	CITY-ST-ZIP	Wellington, Fl
TITLE		TITLE	T/D ☐ Change ☒ Addition
NAME		NAME	Mel Chaney
STREET ADDRESS		STREET ADDRESS	716 Lake Wellington Drive
CITY-ST-ZIP		CITY-ST-ZIP	Wellington, Fl
TITLE		TITLE	D ☐ Change ☒ Addition
NAME		NAME	Pasha Kraeger
STREET ADDRESS		STREET ADDRESS	636 Lake Wellington Drive
CITY-ST-ZIP		CITY-ST-ZIP	Wellington, Fl
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(1)(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: X [signature] VP — 04-26-95

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

0051882

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29524 (8)

1. Corporation Name

RHC MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US	3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2973386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
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	10. Name and Address of New Registered Agent
CALLANS, BETH JMC PROPERTY MGMT 3174 GULF MEXICO LONGBOAT KEY FL 34228	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	PARKER, STEVE	1 2 NAME	Peter O[illegible]
STREET ADDRESS	27 AVE OF FLOWERS	1 3 STREET ADDRESS	5[illegible] Bay Isles Rd.
CITY ST ZIP	LONGBOAT KEY FL	1 4 CITY ST ZIP	Longboat Key FL 34228
TITLE	VD	2 1 TITLE	D ☒ Change ☐ Addition
NAME	SWIGHT, STEVE	2 2 NAME	James Kadney
STREET ADDRESS	3813 TURKEY OAK DR	2 3 STREET ADDRESS	[illegible]
CITY ST ZIP	VALRICO FL	2 4 CITY ST ZIP	Valrico, FL 33594
TITLE	STD	3 1 TITLE	D ☒ Change ☐ Addition
NAME	LUDWIG, LOU	3 2 NAME	Ronald Kemmeling
STREET ADDRESS	4316 NEW RIVERHILLS PKWY	3 3 STREET ADDRESS	[illegible] Terr.
CITY ST ZIP	VALRICO FL	3 4 CITY ST ZIP	Valrico, FL 33594
TITLE	SD	4 1 TITLE	D ☒ Change ☐ Addition
NAME	CRANATH, JOHN	4 2 NAME	[illegible] Mullins
STREET ADDRESS	27 AVE OF FLOWERS	4 3 STREET ADDRESS	4316 River Hills Pkwy,
CITY ST ZIP	LONGBOAT KEY FL	4 4 CITY ST ZIP	Valrico, FL 33594
TITLE	TD	5 1 TITLE	☐ Change ☐ Addition
NAME	RYAN, ROGER	5 2 NAME	
STREET ADDRESS	4755 KINROSS ST	5 3 STREET ADDRESS	
CITY ST ZIP	VALRICO FL	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	

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] 4/11/95 813 383 2486

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

0018074