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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 1:57

DOCUMENT # N33107 (6)

1. Corporation Name

RONALD MCDONALD CHILDREN'S CHARITIES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
225 E ROBINSON ST SUITE 575 ORLANDO FL 32801	225 E ROBINSON ST SUITE 575 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2967985** ☐ 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

PETRAKIS, JOHN
10413 E COLONIAL
ORLANDO FL 32817

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	D	11 TITLE	☐ Change ☐ Addition
NAME	POTAPOW, TONI	12 NAME	
STREET ADDRESS	5500 WE 55TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STONE, SHIRLEY	22 NAME	
STREET ADDRESS	847 N WILLIAMS ST	23 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OERTHER, GARY	32 NAME	
STREET ADDRESS	6220 S.O.B.T., #609	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PETRAKIS, JOHN	42 NAME	
STREET ADDRESS	10413 E. COLONIAL	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ZANTE, PATTI VAN	52 NAME	
STREET ADDRESS	21-E WEST FEE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARLENE	62 NAME	
STREET ADDRESS	819 CHENEY HWY.	63 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE 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 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: Patti Zante **5/10/95** **(407) 725-9183**
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

000030

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # N33516 (8)

1. Corporation Name

PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 PALM COVE DRIVE ORLANDO FL 32835 US	1200 PALM COVE DRIVE ORLANDO FL 32835 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1989
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2226412 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1131 LAKE LEGRO COURT	2a. Mailing Address 26 1131 LAKE LEGRO COURT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FL	28 City & State: ORLANDO FL
24 Zip: 32835 25 Country: US	29 Zip: 32835 30 Country: US

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
REICHE, ROBERT 7875 CANYON LAKE CIRCLE ORLANDO FL 32835	81 Name: LARRY GIANNESCHI 82 Street Address (P.O. Box Number is Not Acceptable): 8467 ISLAND PALM CIRCLE 83 84 City: ORLANDO FL 85 Zip Code: 32835

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: Larry Giannesch 5/9/95
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	PSD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	REICHE, ROBERT	12 NAME	LARRY GIANNESCHI	
STREET ADDRESS	7875 CANYON LAKE CIRCLE	13 STREET ADDRESS	8467 ISLAND PALM CIRCLE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VTD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	SILLIMAN, WILLIAM	22 NAME	PATRICIA DAYTON-ADELMANN	
STREET ADDRESS	7875 CANYON LAKE CIRCLE	23 STREET ADDRESS	8619 SUGAR PALM COURT	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	31 TITLE	T/D	☒ Change ☐ Addition
NAME	RHODES, SONJA J.	32 NAME	MARK STEINER	
STREET ADDRESS	7875 CANYON LAKE CIRCLE	33 STREET ADDRESS	1051 PALM COVE DRIVE	
CITY ST ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		41 TITLE	S/D	☐ Change ☒ Addition
NAME		42 NAME	JOHN CARON	
STREET ADDRESS		43 STREET ADDRESS	1200 PALM COVE DR	
CITY ST ZIP		44 CITY ST ZIP	ORLANDO FL 32835	
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 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 added, on the attachment with an address.

SIGNATURE: John P. Carson Sec. 5/9/95 (407) 291-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone Number

0034682

N33514

Palm Cove Estates Homeowners Association Inc.
Board of Directors

D Eric Timko
812 Palm Cove Drive
Orlando Fl. 32835

D Joel Heckman
8517 Sugar Palm Court
Orlando Fl. 32835

D Paul D'Amico
1050 Palm Cove Drive
Orlando Fl. 32835

D Emma Fountain
1111 Lake Legro Court
Orlando Fl. 32835

D Cecil Cryus
8635 Sugar Palm Court
Orlando Fl. 32835

D Gil Beatty
8651 Sugar Palm Court
Orlando Fl. 32835

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CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE

DOCUMENT # N33266 (0)

1. Corporation Name

DOS RIOS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5352 MAYNARD STREET 4001 PALM BEACH BLVD. # 105 FORT MYERS FL 33905 US	C/O JANET MORANDO POST OFFICE BOX 50790 FORT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 08/25/1994
4. FEI Number: 65-0131901 ☐ 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

MORANDO, JANET M.
5352 MAYNARD STREET
FORT MYERS FL 33905

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	11 TITLE	☐ Change ☐ Addition
NAME	SHOAP, DAN	12 NAME	
STREET ADDRESS	179 LOUISE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WHEATON, JOHN	22 NAME	
STREET ADDRESS	187 LOUISE STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HAMMERMEISTER, KARL	32 NAME	
STREET ADDRESS	182 LOUISE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MORANDO, JANET M.	42 NAME	
STREET ADDRESS	5352 MAYNARD STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet M. Morando JANET M. MORANDO 5-30-95 941-694-1529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000270

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N34876** **(5)**

1. Corporation Name

THE FLORIDA BAR CHILDREN'S FUND, INC.

Principal Place of Business	Mailing Address
% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) TALLAHASSEE FL 32399-9300	% JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) TALLAHASSEE FL 32399-9300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1989
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3006114 ☐ 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 [X] **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes [X] 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: 32399-2300 / Country 25	Zip 29: 32399-2300 / Country 30

9. Name and Address of Current Registered Agent

HARKNESS, JOHN F., JR.
THE FLORIDA BAR CENTER
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-2300

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	D	11 TITLE	☐ Change ☐ Addition
NAME	BLUMBERG, EDWARD R.	12 NAME	
STREET ADDRESS	100 N. BISCAYNE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARKNESS, JOHN F., JR.	22 NAME	
STREET ADDRESS	650 APALACHEE PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LEVINE, JACK	32 NAME	
STREET ADDRESS	514 E COLLEGE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MIDDLEBROOKS, DONALD M.	42 NAME	
STREET ADDRESS	777 S FLAGLER DR	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Delete [X] Change ☐ Addition
NAME	DIMOND, ALAN T.	52 NAME	
STREET ADDRESS	650 APALACHEE PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added with an address.

SIGNATURE: _____ John F. Harkness, Jr. (904) 561-5600
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date 6/1/95 — Daytime Phone #

000487

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N35103 (3)

1. Corporation Name

WATERFORD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
624 ELLIS ST. AUGUSTA GA 30901	624 ELLIS ST. AUGUSTA GA 30901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **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 (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

CT CORPORTION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

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, 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	P/D	11 TITLE	VP ☐ Change ☑ Addition
NAME	HOUSTON TENNENT W.	12 NAME	Darrie Green
STREET ADDRESS	624 ELLIS STREET	13 STREET ADDRESS	624 Ellis Street
CITY-ST-ZIP	AUGUSTA GA 30901	14 CITY-ST-ZIP	Augusta, GA 30901
TITLE	VP/D	21 TITLE	☐ Change ☐ Addition
NAME	BAILEY JOSEPH P.	22 NAME	
STREET ADDRESS	624 ELLIS STREET	23 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	24 CITY-ST-ZIP	
TITLE	ST/D	31 TITLE	☐ Change ☐ Addition
NAME	BENTON RONALD J.	32 NAME	
STREET ADDRESS	624 ELLIS STREET	33 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30901	34 CITY-ST-ZIP	
TITLE	V	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in an attachment with an address.

SIGNATURE: Darrie Green 6/11/95 706-722-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073817

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

FILED

DOCUMENT # N37305 (2)

1. Corporation Name

VOICE OF JOY FAMILY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
3883 STAR TREE RD. JACKSONVILLE FL 32210	3883 STAR TREE RD. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1990	3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2996194	☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN, ALLEN B. 3883 STAR TREE RD. JACKSONVILLE FL 32210	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	11 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, ALLEN B.	12 NAME	
STREET ADDRESS	3883 STAR TREE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, ANGELA D.	22 NAME	
STREET ADDRESS	3883 STAR TREE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	DEAS, VANNILA S	32 NAME	
STREET ADDRESS	508 GREGORY DRIVE	33 STREET ADDRESS	
CITY-ST ZIP	JACKSONVILLE FL	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 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: Allen B. Coleman Allen B. Coleman 5/28/95 904-673-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000416

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

DOCUMENT # **N37637** **(8)**

1. Corporation Name

313 CATHERINE, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DAWN MCGOLDRICK 313 CATHERINE ST #1 KEY WEST FL 33041	% DAWN MCGOLDRICK 313 CATHERINE ST #1 KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0244713 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCGOLDRICK, DAWN, GLORIA
313 CATHERINE ST #1
KEY WEST FL 33040

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCGOLDRICK, DAWN	12 NAME	
STREET ADDRESS	313 CATHERINE ST #1	13 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BOOHER, SHARRON	22 NAME	
STREET ADDRESS	313 CATHERINE ST #4	23 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	FLORES, NANCY	32 NAME	
STREET ADDRESS	313 CATHERINE ST #2	33 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	EIBENSTEINER, BELLA	42 NAME	
STREET ADDRESS	313 CATHERINE ST. #3	43 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CLAASSEN, SUSAN	52 NAME	
STREET ADDRESS	313 CATHERINE ST. #3	53 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WARBURTON, THERESA	62 NAME	
STREET ADDRESS	313 CATHERINE ST. #2	63 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theresa R Warburton 6/31/95 305 872-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Theresa R Warburton

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

FILED

DOCUMENT # **N38262** **(4)**

1. Corporation Name

N.Y.C. DEPARTMENT OF SANITATION RETIREES & ASSOC IATES OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
4915 MILE STRETCH HOLIDAY FL 34690 US	4915 MILE STRETCH HOLIDAY FL 34690 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1990
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1900885 ☐ 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

DENBO, RICHARD B
4915 MILE STRETCH DRIVE
HOLIDAY FL 34690

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	D	11 TITLE	☐ Change ☐ Addition
NAME	WALTER, CHARLES	12 NAME	
STREET ADDRESS	13037 EVERDARD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STRAMIELLO, ANTHONY	22 NAME	
STREET ADDRESS	2515 MEADOWOOD DR.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAMM, WILLIAM	32 NAME	
STREET ADDRESS	7227 ANHINGA CT.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HI	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WHELAN, JERRY	42 NAME	
STREET ADDRESS	3234 TUCKAHOE PL.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PASSARETTIL AL	52 NAME	
STREET ADDRESS	9821 ISLAND HARBOR DR.	53 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	FAZIO, SAL	62 NAME	
STREET ADDRESS	1327 CABLE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY 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 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: Anthony Stramiello V.P. 5-23-95 813-372-8121
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

DOCUMENT # **N38574** **(2)**

1. Corporation Name

ISLAND HOMES AT HARBOUR ISLAND NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
424 KNIGHTS RUN AVENUE TAMPA FL 33602 US	424 KIGHTS RUN AVENUE TAMPA FL 33602 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3055296 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARVEY III, THOMAS H.
800 S HARBOUR ISLAND BLVD
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Suzanne P. Marks
82 Street Address (P.O. Box Number is Not Acceptable): 424 Knights Run Avenue
83
84 City: Tampa, FL 85 Zip Code: 33602

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: Suzanne P. Marks Managing Agent 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, THOMAS H III 420 KNIGHTS RUN AVENUE TAMPA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DELETE THIS DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FURTADO, DONALD A 420 KNIGHTS RUN AVENUE TAMPA FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HUNTERM GEBE 901 MOORING CIRCLE TAMPA FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DT Hunter, Gene 901 Mooring Circle Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP SHEAR, LEE 910 ANCHORAGE RD TAMPA FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DP Shear, Lee 910 Anchorage Road Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADDALON, ROBERT 903 MARINER WAY TAMPA FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Joseph Ransohoff 915 Mooring Circle Tampa, FL 33602	☐ 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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald A. Furtado 5/23/95 (813)229-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald A. Furtado

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