FILE NOW: FILING FEE IS $61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **771078** **(3)**

1. Corporation Name
METHODIST HEALTH SYSTEM, INC.

Principal Place of Business	Mailing Address
580 WEST EIGHTH STREET JACKSONVILLE FL 32209	580 WEST EIGHTH STREET JACKSONVILLE FL 32209-6533

3. Date Incorporated or Qualified: **11/03/1983**
3a. Date of Last Report: **04/23/1996**

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:

4. FEI Number: **59-2346978** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DREWA, MARCUS E.
580 WEST 8TH STREET
JACKSONVILLE FL 32209

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 617.0502 and 617.1508, 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 617.0503, 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	PAST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DREWA, MARCUS E.		1.2 NAME	
STREET ADDRESS	580 W 8TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, GEORGE T.		2.2 NAME	
STREET ADDRESS	10626 WOODSDALE LN S		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAY, W. W. (CHMN)		3.2 NAME	
STREET ADDRESS	524 STOCKTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DONOVAN, THOMAS W.		4.2 NAME	
STREET ADDRESS	2700-C UNIVERSITY BLVD., W		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HEMINGWAY, LEROY II		5.2 NAME	
STREET ADDRESS	619 CASSAT AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED 4/22/97 904-798-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0006182

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **N33737** **(0)**

1. Corporation Name

SUNSET CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4483 SUNSET CAY CIRCLE BOYNTON BEACH FL 33437 US	1916 BOOTHE CIRCLE LONGWOOD FL 32750-6774

3. Date Incorporated or Qualified: 08/15/1989
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-3303143 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNIGHT, MIMI
1916 BOOTHE CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: JON ZABEL
82 Street Address (P.O. Box Number is Not Acceptable): 1916 BOOTHE CIRCLE
83
84 City: LONGWOOD FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jon Zabel — 5/1/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TYE, ARTHUR		1.2 NAME		
STREET ADDRESS	1916 BOOTHE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	2.1 TITLE	DP	☐ Change ☒ Addition
NAME	KNIGHT, MIMI		2.2 NAME	JON ZABEL	
STREET ADDRESS	1916 BOOTHE CIRCLE		2.3 STREET ADDRESS	1916 BOOTHE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONGWOOD, FL, 32750	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROTTER, CLAY B		3.2 NAME		
STREET ADDRESS	1916 BOOTHE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ABERNATHY, JIM		4.2 NAME		
STREET ADDRESS	1916 BOOTHE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: JON ZABEL (JON ZABEL) — 5/1/97 — (407)831-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014020