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 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35254** **(4)**

1. Corporation Name

LITTLE SWEETWATER HUNTING CLUB, INC.

Principal Place of Business	Mailing Address
% DAVID E. PITTS 323 CYPRESS ST. BLOUNTSTOWN FL 32424	% DAVID E. PITTS 323 CYPRESS ST. BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1989
3a. Date of Last Report: 05/25/1994
4. FEI Number: 59-3011950 ☐ 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 Same as last year.

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

PITTS, DAVID E
323 CYPRESS ST.
BLOUNTSTOWN FL 32424

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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	~~D~~	11 TITLE	D	☒ Change ☐ Addition
12 NAME	~~SHULER, MOSES~~	12 NAME	Henry Hall	
13 STREET ADDRESS	~~100 MAYDEAM CIR BOX 294~~	13 STREET ADDRESS	P.O. Box 358 NA	
14 CITY ST ZIP	~~BRISTOL FL~~	14 CITY ST ZIP	Bristol, Fl 32321	
21 TITLE	D	21 TITLE	D	☒ Change ☐ Addition
22 NAME	RAMSEY, MARSHALL	22 NAME	Charlie Pullam	
23 STREET ADDRESS	RT 1-BOX 108A3	23 STREET ADDRESS	Rt. 1 Box 48	
24 CITY ST ZIP	BRISTOL FL	24 CITY ST ZIP	Hosford, Fl 32334	
31 TITLE	D	31 TITLE	D	☐ Change ☒ Addition
32 NAME	PULLAM, RHODEN	32 NAME	Steve Reddenberry	
33 STREET ADDRESS	RT. 1 BOX 48	33 STREET ADDRESS	Rt. 1 Box 118-K	
34 CITY ST ZIP	HOSFORD FL	34 CITY ST ZIP	Bristol, Fl 32321	
41 TITLE	~~D~~	41 TITLE		☐ Change ☐ Addition
42 NAME	~~OLIVER, STANLEY~~	42 NAME		
43 STREET ADDRESS	~~4540 FORELAND ST.~~	43 STREET ADDRESS		
44 CITY ST ZIP	~~ORLANDO FL~~	44 CITY ST ZIP		
51 TITLE	P	51 TITLE		☐ Change ☐ Addition
52 NAME	PITTS, DAVID	52 NAME		
53 STREET ADDRESS	323 CYPRESS ST.	53 STREET ADDRESS		
54 CITY ST ZIP	BLOUNTSTOWN FL 32424	54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E. Pitts David E. Pitts 4-27-95 904-674-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038760

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N35329** **(4)**

1. Corporation Name

NORTH OAKCREST COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17568 FAIRMEADOW DRIVE TAMPA FL 33647 US	C/O BRANT WILLIAM. J., JR/ 1947 WOODLAWN AVE GRIFFITH IN 46319 US

3. Date Incorporated or Qualified: **11/22/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3017378** ☐ Applied For ☐ Not Applicable

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

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

BRANT, JIM
17568 FAIRMEADOW DRIVE
TAMPA FL 33647

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	GREENE, WILLIAM B	1 2 NAME	
STREET ADDRESS	8709 FUNTER'S GREEN DRIVE	1 3 STREET ADDRESS	8709 HUNTER'S GREEN DRIVE
CITY ST ZIP	TAMPA FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	JOHN, L. A	2 2 NAME	
STREET ADDRESS	8709 HUNTER'S GREEN DRIVE	2 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	BRANT, JAMES E	3 2 NAME	
STREET ADDRESS	17568 FAIRMEADOW DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		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)(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] 4/26/95 8139731174

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

0074393