FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 6783 APPROVED AND FILED

95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N44189 (1)

1. Corporation Name

NORTHWEST QUADRANT COMMUNITY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
5375 VERNON RD JACKSONVILLE FL 32209 US	5375 VERNON RD JACKSONVILLE FL 32209 US

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)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1991	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3141255	☐ 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

~~VANNORTWICK, WILLIAM A JR~~
MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Barbara Johnston
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83 SAME
84 City: SAME FL 85 Zip Code: SAME

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 Barbara C. Johnston - Barbara C. Johnston 5/15/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	FLOWERS, ROBERT	6720 W. VIRGINIA COURT	JACKSONVILLE FL
SD	EPPS, FRANCINA	P. O. BOX 9092	JACKSONVILLE FL
~~TD~~	~~CANTY, GLENDA~~	~~505 KOONBROOK AVENUE~~	JACKSONVILLE FL 32208
D	~~ALGRIM, RENEE~~	~~[illegible]~~	~~JACKSONVILLE FL~~
D	~~[illegible], ROBERT~~	~~804 [illegible] ST.~~	~~JACKSONVILLE FL~~
D	CARTER, LEWIS JAMES I	4302 NOTTER ST.	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
D				☒	☐
D	MATTHEWS, ANGELA	673 E. 28th STREET	JACKSONVILLE, FL 32206	☐	☒
D	PARSONS, DEBORAH	5252 VERNON ROAD	JACKSONVILLE, FL 32209	☐	☒
D	PETTIS, JEAN	218 W. ADAMS STREET, STE 300	JACKSONVILLE, FL 32202	☐	☒
	see attached list			☐	☐

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: Robert Flowers Robert Flowers 4/13/95 (904)924-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026367

N44189

7.1	TITLE	VD
7.2	NAME	CENTER, BETTY
7.3	STREET ADDRESS	10341 LEM TURNER
7.4	CITY-ST-ZIP	JACKSONVILLE, FL 32218
8.1	TITLE	~~D~~ TD
8.2	NAME	FOWLER, SARAH
8.3	STREET ADDRESS	4214 POINTE HAVEN DR. S
8.4	CITY-ST-ZIP	JACKSONVILLE, FL 32218
9.1	TITLE	D
9.2	NAME	GATLING-GODWIN, SUZANNE
9.3	STREET ADDRESS	42 36TH AVE S.
9.4	CITY-ST-ZIP	JACKSONVILLE BCH, FL 32250
10.1	TITLE	D
10.2	NAME	HARGROVE, DAN
10.3	STREET ADDRESS	2501 MINOSA CIRCLE N.
10.4	CITY-ST-ZIP	JACKSONVILLE, FL 32209
11.1	TITLE	D
11.2	NAME	ROBERTS, BARNEY
11.3	STREET ADDRESS	8929 YEOMAN DRIVE
11.4	CITY-ST-ZIP	JACKSONVILLE, FL 32208
12.1	TITLE	D
12.2	NAME	VROON, ANTON
12.3	STREET ADDRESS	939 E. CARLOTTA ROAD
12.4	CITY-ST-ZIP	JACKSONVILLE, FL 32211
13.1	TITLE	TD
13.2	NAME	WILLIAMSON, PERCY
13.3	STREET ADDRESS	8544 ANDALOMA STREET
13.4	CITY-ST-ZIP	JACKSONVILLE, FL 32211
14.1	TITLE	D
14.2	NAME	ROBINSON, EDWARD H.
14.2	STREET ADDRESS	3620 CLYDE DRIVE
14.3	CITY-ST-ZIP	JACKSONVILLE, FL 32208

Highlighted items indicate change.

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

DOCUMENT # N44615 (5)

1. Corporate Name

THE ANNA A. MOLDRUP FOUNDATION, INC.

Principal Place of Business	Mailing Address
3695 WEST BOYNTON BEACH BLVD SUITE 8 BOYNTON BEACH FL 33436	3695 WEST BOYNTON BEACH BLVD SUITE 8 BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1991
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0316443 — Applied For / Not Applicable

2. Principal Place of Business: 21 1903 South Congress Ave	2a. Mailing Address: 26 1903 S. Congress Ave
Suite Apt # etc: 22 310	Suite Apt # etc: 27 310
City & State: 23 Boynton Beach FL	City & State: 28 Boynton Beach FL
Zip: 24 33426 — Country: 25 USA	Zip: 29 33487 — Country: 30 USA

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

9. Name and Address of Current Registered Agent

WEINSTEIN, FRED P.A.
3695 W. BOYNTON BEACH BLVD.
#8
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name: WEINSTEIN, FRED PA
82 Street Address (P.O. Box Number is Not Acceptable): 1903 S. Congress Ave
83 Suite 310
84 City: Boynton Beach FL 85 Zip Code: 33426

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	REINHOLD, THOMAS	NAME	XYLANDER, PAUL E.
STREET ADDR	% SUNBANK TRUST CO., P.O. BOX 1150 N/A	STREET ADDRESS	% SunBank Trust Co PO Box 1150
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	WEINSTEIN, FRED	NAME	WEINSTEIN, FRED
STREET ADDRESS	3695 W. BOYNTON BEACH BL	STREET ADDRESS	1903 S. Congress Ave, Suite 310
CITY-ST-ZIP	BOYNTON BEACH FL	CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	BLOCK, JOHN J.	NAME	
STREET ADDRESS	643 N.E. 4TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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(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: Fred Weinstein — 5/4/95 — 407-736-4661

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

FRED WEINSTEIN

0040867

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 # **N44771** **(6)**

1. Corporate Name
ALCAZAR VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15476 NW 77 CT #338 MIAMI LAKES FL 33016	15476 NW 77 CT #338 MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0338143 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing (Not Applicable to Corporations) ☐ **$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 2238 West 74th Avenue	26 8299 Coral Way
Suite Apt # etc. 22	Suite Apt # etc. 27
City & State 23 Hialeah, Fl	City & State 28 Miami , FL
Zip 24 33016 County 25	Zip 29 33155 County 30 DADE

9. Name and Address of Current Registered Agent

AVCHEN, BARNEY B ESQ
1840 W 49TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Property Management Services Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 8299 Coral Way
83
84 City: Miami **FL** 85 Zip Code: 33155

11. Pursuant to the provisions of Section 607.0505, and 607.1008, 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] Attorney-in-Fact 5/15/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: ROBLES, JESUS STREET ADDRESS: 15476 NW 77 CT #338 CITY-STATE-ZIP: MIAMI LAKES FL	TITLE: PD ☒ Change ☐ Addition NAME: DIAZ, LUIS STREET ADDRESS: 2238 WEST 74 ST CITY-STATE-ZIP: HIALEAH, FL 33016
TITLE: STD NAME: JAIME, CAMILO M STREET ADDRESS: 15476 NW 77 CT #338 CITY-STATE-ZIP: MIAMI LAKES FL	TITLE: VPD ☒ Change ☐ Addition NAME: GUERRA, LORENZO STREET ADDRESS: 2236 W 74 ST CITY-STATE-ZIP: HIALEAH, FL 33016
TITLE: VD NAME: CAYON, ROBERTO STREET ADDRESS: 15476 NW 77 CT #338 CITY-STATE-ZIP: MIAMI LAKES FL	TITLE: TD ☒ Change ☐ Addition NAME: CAPOTE, OMNIEL STREET ADDRESS: 2224 W 74 ST CITY-STATE-ZIP: HIALEAH, FL 33016
TITLE: VD NAME: CEFERINO MACHADO STREET ADDRESS: 15476 NW 77 CT #338 CITY-STATE-ZIP: MIAMI LKS FL	TITLE: SD ☒ Change ☐ Addition NAME: GARCIA, LETICIA STREET ADDRESS: 2220 W 74 ST CITY-STATE-ZIP: HIALEAH, FL 33016
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: D ☐ Change ☒ Addition NAME: ARIAS, MANUEL STREET ADDRESS: 2210 W 74 St. CITY-STATE-ZIP: HIALEAH, FL 33016
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	TITLE: D ☐ Change ☒ Addition NAME: GONZALEZ, SUSANA STREET ADDRESS: 2286 W 74 St. CITY-STATE-ZIP: HIALEAH, FL 33016

14. I declare, I certify, that the information required 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 corporation named on this annual report or supplemental annual report is true and correct 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 above, or on an attachment with an address.

SIGNATURE: X [signature] 5/15/95 Attorney-in-Fact

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0005346