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 28 AM 8:58

DOCUMENT # N44977 (9)

1. Corporation Name
JRB HUNTING GROUP, INC.

Principal Place of Business	Mailing Address
425-33RD AVENUE NORTH ST. PETERSBURG FL 33704	425-33RD AVENUE NORTH ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3086193 ☐ 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

MOBERLEY, JAMES O.
425-33RD AVENUE NORTH
ST. PETERSBURG FL 33704

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	EMNETT, RICK	1.2 NAME		
STREET ADDRESS	9215 RUGER DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	DIPPLE, FRANK	2.2 NAME		
STREET ADDRESS	2610 -61 AVENUE N	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	KILLEBREW, PAUL	3.2 NAME		
STREET ADDRESS	22291 BLUME ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOBERLEY, JAMES O	4.2 NAME	David Robison	
STREET ADDRESS	425-33RD AVENUE, N.	4.3 STREET ADDRESS	4501-8th Ave. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl 33713	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	BLEWITT, BOB	5.2 NAME		
STREET ADDRESS	1009 W BLANN DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA 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)(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: _____ 4/29/95 813/321-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005401

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JUN 15 AM 8:07

DOCUMENT # N45019 (9)

1. Corporation Name

LEXINGTON LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON FL 33487 US	951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0287175 ☐ 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 ☐ FILING FEE IS $61.25
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 3600 S. Congress Ave.	26 600 W. Hillsboro Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. # 101
23 City & State: Boynton Beach, Florida	28 City & State: Deerfield Beach, Florida
24 Zip: 33426 25 Country: US	29 Zip: 33441 30 Country: US

9. Name and Address of Current Registered Agent

CHUFFO, CINDY
600 W. HILLSBORO BLVD
STE 101
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: Elizabeth S. Fleming
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. Hillsboro Blvd.
83 Suite 101
84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Elizabeth S. Fleming 6/15/95
Signature, type or print name of registered agent, and title if applicable — DATE
#NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FLEMING, ELIZABETH	12 NAME	
STREET ADDRESS	600 W. HILLSBORO BLVD., #101	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	Treasurer / D ☒ Change ☐ Addition
NAME	CHIEFFO, CINDY	22 NAME	Trautman, Robert J.
STREET ADDRESS	600 W. HILLSBORO BLVD, #101	23 STREET ADDRESS	600 W. Hillsboro Blvd. #101
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	Deerfield Beach, Florida 33441
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	PLATT, RONALD	32 NAME	
STREET ADDRESS	600 W. HILLSBORO BLVD #101	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH 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	

CR2E037 (3/95)

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 S. Fleming 6/15/95 (305) 426-9999
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000733