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 MAR 23 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45728 (5)

1. Corporation Name
VINKEMULDER P.U.D. HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3765 VINKEMULDER ROAD COCONUT CREEK FL 33073	3765 VINKEMULDER ROAD COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0318725 ☐ 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 § 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

VINKEMULDER, ROBERT L
3765 VINKEMULDER ROAD
COCONUT CREEK FL 33073

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 mailing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☐ Addition
NAME	VINKEMULDER, ROBERT	12 NAME	Robert L Vinkemulder
STREET ADDRESS	3765 VINKEMULDER RD.	13 STREET ADDRESS	3765 Vinkemulder Rd
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY ST ZIP	Coconut Creek Fla 33073
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	VINKEMULDER, PHYLLIS	22 NAME	Phyllis Vinkemulder
STREET ADDRESS	P.O. BOX 372 N/A	23 STREET ADDRESS	P.O. Box 372
CITY-ST-ZIP	TRENTON FL	24 CITY ST ZIP	Trenton, Fl. 32693
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	VAN TUINEN, KENNETH	32 NAME	Kenneth Van Tuinen
STREET ADDRESS	655 SW ALL AMERICAN BLVD	33 STREET ADDRESS	655 SW All American Blvd.
CITY-ST-ZIP	PALM CITY FL	34 CITY ST ZIP	Palm City, Fl 34990
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)(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 L Vinkemulder 3/21/95 (305)973-7051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040507

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AND
FILED
SEP 23 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45945 (5)

1. Corporation Name

ESTERO ISLAND HISTORIC SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BOX 2815 FT MYERS BEACH FL 33932	PO BOX 2815 FT MYERS BEACH FL 33932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1991
3a. Date of Last Report: 02/23/1994
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	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
LEE, BLANCHE SANTINI 892 BUTTONWOOD (PO BOX 2567) FT MYERS BEACH FL 33932	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 -03/24/95--01063--013 *****70.00 *****70.00 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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, JOEL 5595 AVENIDA PESCADORA FT MYER BEAACH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D Lois T Eliasson 150 Gulf Island DR Ft Myers Beach, Fl 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FITZSIMON, JUDITH 280 SEMINOLE RD. FT MYERS BEACH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D A.J Bassett 118 Mandalay Rd Fort Myers Beach, Fl 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUGHES, JOSEPHINE C. 17624 OSPREY INLET CT. UNIT 046 FT MYERS BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE, BLANCHE S. 892 BUTTONWOOD, P.O. BOX 2567 NA FT. MYERS BEACH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roxi Smith 21521 Madera Rd Fort Myers Beach, Fl 33931	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 3/23/95 mlk
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Frances J Santini 191 Primo (PO Box 2575) Ft Myers Beach, Fl 33932	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ 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: Blanche Santini Lee — 2/12/95 — (813)463-1638
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)
Blanche Santini Lee

00003122