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 MAY -1 PM 1:13

DOCUMENT # N47231 (8)

1. Corporation Name

BAYSIDE OPTIMIST CLUB OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
P. O. BOX 30431 PENSACOLA FL 32503 US	P. O. BOX 30431 PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1992
3a. Date of Last Report: 06/17/1994
4. FEI Number: APPLIED FOR 59-3045575 ☐ 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

PERRY, DAISY
4770 TRADEWINDS DR.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: Bettye T. Galyean
82 Street Address (P.O. Box Number is Not Acceptable): 3000 Langley Av Suite 401
83
84 City: Pensacola FL 85 Zip Code: 32504

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: Bettye T. Galyean (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	LONG-CASERTA, KIM	12 NAME	Susan Todaro	
STREET ADDRESS	4400 SUMMERFIELD CIR.	13 STREET ADDRESS	2114 Airport Blvd #2000	
CITY-ST-ZIP	PACE FL	14 CITY-ST-ZIP	Pensacola, Fl 32504	
TITLE	STD	21 TITLE	T/D	☒ Change ☐ Addition
NAME	PERRY, DAISY	22 NAME	Bettye T. Galyean	
STREET ADDRESS	4770 TRADEWINDS DR.	23 STREET ADDRESS	3000 Langley Av Suite 401	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	TD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	PERRY, DAISY	32 NAME	Connie S. Stone	
STREET ADDRESS	4770 TRADEWINDS DR.	33 STREET ADDRESS	3564 Victory Drive	
CITY-ST-ZIP	PENSACOLA FL 32514	34 CITY-ST-ZIP	Pace, FL 32571	
TITLE		41 TITLE	VP/D	☐ Change ☒ Addition
NAME		42 NAME	Cheryl Magnes	
STREET ADDRESS		43 STREET ADDRESS	3755 Potosi	
CITY-ST-ZIP		44 CITY-ST-ZIP	Pensacola, FL 32504	
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		

REMITTED BY MAY 1

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)(k), 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: Bettye T. Galyean (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) April 25, 1995 (Date) 904 478 6444 (Daytime Phone #)

Bettye T. Galyean

0070884

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N47266** **(4)**

1. Corporation Name

SHEFFIELD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751	2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 08/01/1994
4. FEI Number: APPLIED FOR 59-3213209 ☐ 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

FURLOW, MICHAEL H
2250 LUCINE WAY
SUITE 250
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Arena Management Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 3485 W. Vine St.
83
84 City: Kissimmee, FL 85 Zip Code: 34741

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* Michael H Furlow Laura D. Arena 4-13-95
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	PD	11 TITLE D	PD ☒ Change ☐ Addition
NAME	GILBERT, JOHN	12 NAME	Johnson, Ricky
STREET ADDRESS	2250 LUCIEN WAY	13 STREET ADDRESS	1822 Salisbury Ct.
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	Kiss., FL 34743
TITLE	VD	21 TITLE D	V PRES ☒ Change ☐ Addition
NAME	YOUNG, ASHTON	22 NAME	Pledger, Brian
STREET ADDRESS	2250 LUCIEN WAY	23 STREET ADDRESS	2232 Stonehedge Loop
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	Kiss., FL 34743
TITLE	STD	31 TITLE D	SEC TREAS ☒ Change ☐ Addition
NAME	RAY, LAURA	32 NAME	Martinez, Jose
STREET ADDRESS	2250 LUCIEN WAY	33 STREET ADDRESS	2216 Stonehedge Loop
CITY-ST-ZIP	MAITLAND FL	34 CITY-ST-ZIP	Kiss., FL 34743
TITLE		41 TITLE D	DIRECTOR ☒ Change ☐ Addition
NAME		42 NAME	Aviles, Bill
STREET ADDRESS		43 STREET ADDRESS	2242 Stonehedge Loop
CITY-ST-ZIP		44 CITY-ST-ZIP	Kiss., FL 34743
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	**REMITTED BY MAY 1**
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: Ricky L. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003334