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 21 PM 12:53

TALLAHASSEE, FLORIDA

DOCUMENT # **N47510** **(5)**

1. Corporation Name

HISTORIC ST AUGUSTINE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1987 ST AUGUSTINE FL 32085	P. O. BOX 1987 ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-3119480 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FULLAM, W. ROSS
GOVERNMENT HOUSE
48 KING STREET
ST AUGUSTINE FL 32084

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 _____ (NOTE: Registered Agent signature required when applicable) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition 200001437362 -03/23/95--01016--016 *****61.25 *****61.25
NAME	EDMISTON, MARGARET		
STREET ADDRESS	PO. BOX 129 (N/A)		
CITY-ST-ZIP	ST AUGUSTINE FL 32085		
TITLE	D	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
NAME	SIKES, NANCY		
STREET ADDRESS	P.O. BOX 1882 (N/A)		
CITY-ST-ZIP	ST AUGUSTINE FL 32085		
TITLE	D	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	T.S. 3/21/95 ☐ Change ☐ Addition
NAME	HUNT, ROY		
STREET ADDRESS	UNIVERSITY OF FLORIDA		
CITY-ST-ZIP	GAINESVILLE FL 32611		
TITLE	D	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
NAME	LYON, EUGENE		
STREET ADDRESS	P.O. BOX 1027 (N/A)		
CITY-ST-ZIP	ST AUGUSTINE FL 32085		
TITLE	D	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
NAME	MASON OTIS		
STREET ADDRESS	13 CHRISTOPHER STREET		
CITY-ST-ZIP	ST AUGUSTINE FL 32095		
TITLE	D	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition
NAME	RIGGAN, BETTY		
STREET ADDRESS	42 WATER STREET		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		

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: M. A. Edmiston Margaret Ann Edmiston 2-3-95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date

0023771

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N48259** (8)

1. Corporation Name

4108 KENILWORTH MHP ASSOCIATION, INC.

300001143813
03/24/95-01083-011
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4112 TOPAZ STREET SEBRING FL 33870 US	4112 TOPAZ STREET SEBRING FL 33870 US

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 02/08/1994
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 4128 Topaz St.	26 4128 Topaz St.
22 Suite, Apt. #, etc. Sebring, Fl.	27 Suite, Apt. #, etc. Sebring, Fl.
23 City & State 33870	28 City & State 33870
24 Zip 33870 / 25 Country Highlands	29 Zip 33870 / 30 Country Highlands

9. Name and Address of Current Registered Agent

DOWELL, ROBERT
4112 TOPAZ STREET
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: HOYT, CLYDE R.
82 Street Address (P.O. Box Number is Not Acceptable): 1124 Emerald Ave
83
84 City: Sebring, FL 85 Zip Code: 33870

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: CLYDE R. HOYT, S.T.D. — Clyde R. Hoyt — 2-21-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	DOWDELL, ROBERT	12 NAME	DOWDELL, ROBERT
STREET ADDRESS	4112 TOPAZ STREET	13 STREET ADDRESS	2348 Burning Tree Circle
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	Sebring, Fl. 33872
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	CLAUWS, CORDON,	22 NAME	
STREET ADDRESS	1201 EMERALD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	HOYT, CLYDE,	32 NAME	
STREET ADDRESS	1124 EMERALDS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	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	

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: CLYDE R. HOYT — Clyde R. Hoyd — 1-21-95 — 813-382-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RW 3-23-95

0050250