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 -2 PM 8:17

DOCUMENT # N93000001786 (3)

1. Corporation Name

WEST COAST ASSOCIATION OF HEALTH UNDERWRITERS, I NC.

Principal Place of Business	Mailing Address
P O BOX 48514 ST PETERSBURG FL 33743 US	P O BOX 48514 ST PETERSBURG FL 33743 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3184002 ☐ 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

MALONEY, JOHN L
5335 66TH ST N
SUITE 4
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

31 Name: Barbara White
32 Street Address (P.O. Box Number is Not Acceptable): 6374 Burlington Ave. N.
33
34 City: St. Petersburg FL 35 Zip Code: 33710

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 A. White — 4-27-95
Signature, type 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	D	11 TITLE	V ☒ Change ☐ Addition
NAME	DOMEIER, JOHN H	12 NAME	Ra Nae Martz
STREET ADDRESS	5201 W KENNEDY BLVD SUITE 531	13 STREET ADDRESS	1511 N. Westshore # 570
CITY-ST-ZIP	TAMPA FL 33609	14 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LIPSCH, RAYMOND E	22 NAME	
STREET ADDRESS	BRADENTON INSURANCE CALLER BOX 25009	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34206-5009	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	P ☒ Change ☐ Addition
NAME	BLAIR, NANCY A	32 NAME	Blair, Nancy A.
STREET ADDRESS	5175 97 WAY N	33 STREET ADDRESS	5175 - 97 Way N.
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FRASER, JOHN W	42 NAME	
STREET ADDRESS	9974 LAKE SEMINOLE DR E	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	S ☒ Change ☐ Addition
NAME	MALONEY, JOHN L	52 NAME	Michelle Agnoff
STREET ADDRESS	5335 66TH ST N SUITE 4	53 STREET ADDRESS	2451 McMullen Booth Rd # 212
CITY-ST-ZIP	ST PETERSBURG FL 33709	54 CITY-ST-ZIP	Clearwater, FL 33619
TITLE	D	61 TITLE	T ☒ Change ☐ Addition
NAME	GUARINO, BARBARA D	62 NAME	Barbara White
STREET ADDRESS	100 N TAMPA ST SUITE 1840	63 STREET ADDRESS	6374 Burlington Ave. N.
CITY-ST-ZIP	TAMPA FL 33602	64 CITY-ST-ZIP	St. Petersburg, FL 33710

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: Barbara A White — 4-27-95 — 813/952-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056476

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 -

DOCUMENT # **N93000001810 (1)**

1. Corporation Name

SANDPIPER COVE CONDOMINIUM HOMEOWNERS' ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
C/O MARY ANNE KELLY 1745 GULF BLVD. ENGLEWOOD FL 34223 US	% ROBERT A. DICKINSON 460 SOUTH INDIANA AVE. ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1993	3a. Date of Last Report: 03/21/1994
4. FEI Number: 65-0417087	☐ 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

DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD FL 34223

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	11 TITLE	☐ Change ☐ Addition
NAME	SKELLY, MARY A	12 NAME	
STREET ADDRESS	1745 GULF BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	HINTLIAN, ALBERT	22 NAME	
STREET ADDRESS	27 JONATHAN CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SKELLY, JOSEPH E	32 NAME	
STREET ADDRESS	1745 GULF BLVD.	33 STREET ADDRESS	
CITY ST ZIP	ENGLEWOOD 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	

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: Mary A. Skelly 6/2/95 203-563-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY A. SKELLY PD

0018029