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 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004219 (2)

1. Corporation Name

PATCH O' BLUE HOMEOWNERS'S ASSOC., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8301 N.E. COUNTY HIGHWAY 318 CITRA FL 32113	P. O. BOX 327 ORANGE SPGS. FL 32182 US

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 08/15/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3319234 ☐ 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

GLEASON, GEORGE E
8301 N.E. HIGHWAY 318
CITRA FL 32113

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	D	11 TITLE	☐ Change ☐ Addition
NAME	GUSTAFSON, DALE	12 NAME	
STREET ADDRESS	22998 N.E. 85TH AVE. RD	13 STREET ADDRESS	
CITY ST ZIP	CITRA FL 32113	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COCKES, JOHN	22 NAME	
STREET ADDRESS	23000 N.E. 85TH AVE RD.	23 STREET ADDRESS	
CITY ST ZIP	CITRA FL 32113	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GLEASON, GEORGE E	32 NAME	
STREET ADDRESS	8301 N.E. HIGHWAY 318	33 STREET ADDRESS	
CITY ST ZIP	CITRA FL 32113	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	

400001544624
07/25/95--01016--003
****130.00 ****130.00

REMITTED BY MAY 1

(H

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: [signature] 2/2/95 546-2951
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE E. GLEASON

0024694

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: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

PM 8:49

STATE
FLORIDA

DOCUMENT # **N93000004284 (6)**

1 Corporate Name

LAKE RIDGE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1036 NE 11 AVENUE C/O SUSAN LAVERY FORT LAUDERDALE FL 33304 US	1133 NE 18 AVENUE C/O GEORGE DEHEER FORT LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3218562 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Treasurer ☐ **$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	26 1118 N.E. 18th Ave.
22 Suite, Apt. # or Bldg.	27 Suite, Apt. # or Bldg. c/o RIXON KAFTER
23 City & State	28 City & State Ft. Lauderdale, Fl.
24 Zip / 25 County	29 Zip 33304 / 30 County BROWARD

9 Name and Address of Current Registered Agent

BERLIN, HAROLD
1032 NE 11 AVENUE
FORT LAUDERDALE FL 33304

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 617.0500 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

12 OFFICER AND DIRECTORS		13.	
Title	P	Title	☐ Change ☐ Addition
Name	SUSAN LAVERY	2. NAME	600001544836
Street Address	1036 NE 11 AVENUE	3. STREET ADDRESS	-07/25/95--01036--014
City-St-Zip	FT. LAUDERDALE FL	4. CITY-ST-ZIP	****155.00 ****155.00
Title	V	5. Title	☐ Change ☐ Addition
Name	ELLEN SHERMAN,	6. NAME	
Street Address	1412 NE 17 COURT	7. STREET ADDRESS	
City-St-Zip	FT. LAUDERDALE FL	8. CITY-ST-ZIP	
Title	T	9. Title	☒ Change ☐ Addition
Name	GEORGE DEHEER	10. NAME	[redacted]
Street Address	1133 NE 18 AVENUE	11. STREET ADDRESS	
City-St-Zip	FT. LAUDERDALE FL	12. CITY-ST-ZIP	33304
Title		13. Title	☐ Change ☐ Addition
Name		14. NAME	
Street Address		15. STREET ADDRESS	
City-St-Zip		16. CITY-ST-ZIP	
Title		17. Title	☐ Change ☐ Addition
Name		18. NAME	
Street Address		19. STREET ADDRESS	
City-St-Zip		20. CITY-ST-ZIP	
Title		21. Title	☐ Change ☐ Addition
Name		22. NAME	
Street Address		23. STREET ADDRESS	
City-St-Zip		24. CITY-ST-ZIP	

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CR2E037 (3/95)

14 I 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 1, 12, or 13 above, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 305-523-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000707