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 JUN 20 AM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001518989
-06/21/95--01031--021
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005320 (7)

1. Corporation Name
NATURE COAST SERTOMA CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 2077 CRYSTAL RIVER FL 34423 US	PO BOX 2077 CRYSTAL RIVER FL 34423 US

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-3195319 ☐ 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

NOSAL, MARIAN
9698 W SANDRA ST
CRYSTAL RIVER FL 34423

10. Name and Address of New Registered Agent

81 Name: Marian Lloyd
82 Street Address (P.O. Box Number is Not Acceptable): 4049 N Sundance Pt
83: Crystal River.
84 City: FL 85 Zip Code: 34428

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	FISCHER, MICHELLE	12 NAME	
STREET ADDRESS	4 NORTH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HAFELE, MIRIAM	22 NAME	
STREET ADDRESS	410 S WOLFE POINT	23 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	SPIRES, CARLOTTA	32 NAME	D Kathy Claffey
STREET ADDRESS	2051 NW 17TH ST	33 STREET ADDRESS	11990 S Williams Street #6
CITY-ST-ZIP	CRYSTAL RIVER FL	34 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	CLARKE, CHERI	42 NAME	D Eva Brumfield
STREET ADDRESS	625 E STOCKTON ST	43 STREET ADDRESS	21920 Rainbow Lakes Blvd.
CITY-ST-ZIP	BEVERLY HILL FL	44 CITY-ST-ZIP	Dunnellon, FL 34431
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, DARLENE	52 NAME	
STREET ADDRESS	9551 N BUNKER WAY	53 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	HARRIS, CHERI L	62 NAME	D Pam Stanley
STREET ADDRESS	13000 JACELYN WAY	63 STREET ADDRESS	451 N Briarcreek Pt
CITY-ST-ZIP	SPRING HILL FL	64 CITY-ST-ZIP	Crystal River, FL 34429

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: Kathy Claffey Kathy Claffey 4/18/95 904-489-1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CH

0044606

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
AND

400001519854
-06/21/95--01100--009
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000000229 (3)**

1. Corporation Name

REO PROPERTIES, INC.

Principal Place of Business	Mailing Address
2100 APALACHEE PARKWAY SUITE 8B TALLAHASSEE FL 32301	2100 APALACHEE PARKWAY SUITE 8B TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-3157973** ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWHON, ANITA H
2100 APALACHEE PARKWAY
SUITE 8B
TALLAHASSEE FL 32301

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	LAWHON, ANITA H	12 NAME	
STREET ADDRESS	2100 APALACHEE PARKWAY, SUITE 8B	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

15 20F15

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: Anita Lawhon 4/15/95 904 942 9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026179 CP