

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$465)

NONPROFIT
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 26 PM 9:50

DOCUMENT # N94000000341 (7)

1. Corporation Name

AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC

Principal Place of Business

Mailing Address

1800 SECOND STREET
SUITE 755
SARASOTA FL 34236

1800 SECOND STREET
SUITE 755
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/24/1994

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

FILING FEE IS
\$61.25

Tax Exempt Status

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROUSE, JOHN L
CROUSE INVESTMENTS
1800 SECOND STREET, SUITE 755
SARASOTA FL 34236

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 617.0502 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CROUSE, JOHN L
1800 SECOND STREET, SUITE 755
SARASOTA FL 34236

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change ☐ Addition ☐
Suite 755

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KARPATY, ZOLTAN
73 SOUTH PALM AVE, SUITE 222
SARASOTA FL 34236

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
STAECKER, DEL
14502 N. DALE MABRY, SUITE 200
TAMPA FL 33618

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change ☐ Addition ☐

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 110.07(3)(h), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone (Area #)

0000664

CR2E037 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000000954 (7)

1. Corporation Name

TRI-COUNTY COLEMAN CAMPERS CLUB, INC.

Principal Place of Business
**14584 66TH ST.
NORTH CLEARWATER FL 34624**

Mailing Address
**14584 66TH ST.
NORTH CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report

4. FEI Number
59-3297295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$0.75 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 ☐

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILLIPS, GEORGE W
3802 EHRlich RD.
SUITE 210
TAMPA FL 33624**

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 617.0502 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

Signature (typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

PRESIDENT / D ☐ Change ☒ Addition
DAVID & SUE MOULTON
7490 LOCUST ST NE
ST PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TREASURER / D ☐ Change ☒ Addition
TOM & KAY KLEINSORGE
2295 DE VILLE DR N
LARGO FL 34641

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

SECRETARY / D ☐ Change ☒ Addition
OLIVE ROTH & MOLLY MCCOY
594 BAYWOOD DR S.
DUNEDIN FL 33498

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

NEWSLETTER EDITOR / D ☐ Change ☒ Addition
ED & BRENDA BRADSHAW
13704 WHITE BARK PLACE
TAMPA FL 33625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Catherine M. Kleinsorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95

Date

Treasurer

Signature (typed or printed name of officer or director)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000001217 (8)

1. Corporation Name

MIRAVISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0500327

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOAVENI, KHOSROW
3936 TAMiami TRAIL NORTH
SUITE B
NAPLES FL 33940

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 617.0502 and 617.150B, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MOAVENI, KHOSROW
STREET ADDRESS 3936 TAMiami TRAIL NORTH, STE. B
CITY - ST - ZIP NAPLES FL 33940

TITLE D
NAME VOGEL, RICHARD M
STREET ADDRESS 3936 TAMiami TRAIL NORTH
CITY - ST - ZIP NAPLES FL 33940

TITLE D
NAME GISSELBACK, ROBERT V
STREET ADDRESS 3936 TAMiami TRAIL NORTH
CITY - ST - ZIP NAPLES FL 33940

TITLE ST
NAME RUTHERFORD, SUZANNE
STREET ADDRESS 224 4TH ST. SOUTH
CITY - ST - ZIP NAPLES FL 33940

TITLE V
NAME COMEAU, GERARD
STREET ADDRESS 2204 MAJESTIC COURT N.
CITY - ST - ZIP NAPLES FL 33942

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ST
42 NAME Lundberg, Vicki D.
43 STREET ADDRESS 679 110th Av. N.
44 CITY - ST - ZIP Naples, FL 33963

51 TITLE V
52 NAME Lundberg, Vicki D.
53 STREET ADDRESS 679 110th Av. N.
54 CITY - ST - ZIP Naples, FL 33963

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-95 (813) 2632324

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000001881 (1)

Corporation Name

TARPON RIVER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

115 N.W. 2ND AVE.
 FORT LAUDERDALE FL 33311

Mailing Address

115 N.W. 2ND AVE.
 FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

4. FEI Number

65-0463802

Applied For

Not Applicable

2. Principal Place of Business

21 515 SW 7 AVE

2a. Mailing Address

26 3300 SW 46 AVENUE

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 FORT LAUDERDALE FL

City & State

28 DAVIE FL

33315

25 BROWARD

29 33314

30 USA

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

FILING FEE IS
 \$61.25

8. This corporation has liability for intangible tax under s. 190.032,
 Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

EDEWAARD, C. CRAIG
 115 N.W. 2ND AVE.
 FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

01 PRESTIGE PROPERTY MANAGEMENT & MAINTENANCE

02 3300 SW 46 AVE

03

04 DAVIE

FL

05 33314

11. Pursuant to the provisions of Sections 617.0502 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

Jeane Tisler

JEANNE TISLER, PROPERTY MANAGER JUNE 14, 1995

(Signature must be printed name of registered agent and title.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE: OPV
 NAME: EDEWAARD, C. CRAIG
 STREET ADDRESS: 115 N.W. 2ND AVE.
 CITY, ST, ZIP: FORT LAUDERDALE FL 33311

TITLE: DST
 NAME: SLAUGHTER, J. ROBERT
 STREET ADDRESS: 597 SOUTH ANDREWS AVE
 CITY, ST, ZIP: FT LAUDERDALE FL 33302

TITLE: D
 NAME: DE BRAUWERE, E. SCOTT
 STREET ADDRESS: 597 SOUTH ANDREWS AVE
 CITY, ST, ZIP: FT LAUDERDALE FL 33302

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE: D/P
 15 NAME: GLENN DUNKELBERGER
 16 STREET ADDRESS: 602 SW 7 AVE
 17 CITY, ST, ZIP: FT LAUDERDALE, FL 33315

21 TITLE: D/ST
 22 NAME: EILEEN RICHARDS
 23 STREET ADDRESS: 515 SW 7 AVE
 24 CITY, ST, ZIP: FT LAUDERDALE FL 33315

31 TITLE: D
 32 NAME: DON AMESBURY
 33 STREET ADDRESS: 615 SW 7 AVE
 34 CITY, ST, ZIP: FT LAUDERDALE FL 33315

41 TITLE:
 42 NAME:
 43 STREET ADDRESS:
 44 CITY, ST, ZIP:

51 TITLE:
 52 NAME:
 53 STREET ADDRESS:
 54 CITY, ST, ZIP:

61 TITLE:
 62 NAME:
 63 STREET ADDRESS:
 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)(b), 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 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 or 134 or 135 or 136 or 137 or 138 or 139 or 140 or 141 or 142 or 143 or 144 or 145 or 146 or 147 or 148 or 149 or 150 or 151 or 152 or 153 or 154 or 155 or 156 or 157 or 158 or 159 or 160 or 161 or 162 or 163 or 164 or 165 or 166 or 167 or 168 or 169 or 170 or 171 or 172 or 173 or 174 or 175 or 176 or 177 or 178 or 179 or 180 or 181 or 182 or 183 or 184 or 185 or 186 or 187 or 188 or 189 or 190 or 191 or 192 or 193 or 194 or 195 or 196 or 197 or 198 or 199 or 200 or 201 or 202 or 203 or 204 or 205 or 206 or 207 or 208 or 209 or 210 or 211 or 212 or 213 or 214 or 215 or 216 or 217 or 218 or 219 or 220 or 221 or 222 or 223 or 224 or 225 or 226 or 227 or 228 or 229 or 230 or 231 or 232 or 233 or 234 or 235 or 236 or 237 or 238 or 239 or 240 or 241 or 242 or 243 or 244 or 245 or 246 or 247 or 248 or 249 or 250 or 251 or 252 or 253 or 254 or 255 or 256 or 257 or 258 or 259 or 260 or 261 or 262 or 263 or 264 or 265 or 266 or 267 or 268 or 269 or 270 or 271 or 272 or 273 or 274 or 275 or 276 or 277 or 278 or 279 or 280 or 281 or 282 or 283 or 284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307 or 308 or 309 or 310 or 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321 or 322 or 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331 or 332 or 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343 or 344 or 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353 or 354 or 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 or 363 or 364 or 365 or 366 or 367 or 368 or 369 or 370 or 371 or 372 or 373 or 374 or 375 or 376 or 377 or 378 or 379 or 380 or 381 or 382 or 383 or 384 or 385 or 386 or 387 or 388 or 389 or 390 or 391 or 392 or 393 or 394 or 395 or 396 or 397 or 398 or 399 or 400 or 401 or 402 or 403 or 404 or 405 or 406 or 407 or 408 or 409 or 410 or 411 or 412 or 413 or 414 or 415 or 416 or 417 or 418 or 419 or 420 or 421 or 422 or 423 or 424 or 425 or 426 or 427 or 428 or 429 or 430 or 431 or 432 or 433 or 434 or 435 or 436 or 437 or 438 or 439 or 440 or 441 or 442 or 443 or 444 or 445 or 446 or 447 or 448 or 449 or 450 or 451 or 452 or 453 or 454 or 455 or 456 or 457 or 458 or 459 or 460 or 461 or 462 or 463 or 464 or 465 or 466 or 467 or 468 or 469 or 470 or 471 or 472 or 473 or 474 or 475 or 476 or 477 or 478 or 479 or 480 or 481 or 482 or 483 or 484 or 485 or 486 or 487 or 488 or 489 or 490 or 491 or 492 or 493 or 494 or 495 or 496 or 497 or 498 or 499 or 500 or 501 or 502 or 503 or 504 or 505 or 506 or 507 or 508 or 509 or 510 or 511 or 512 or 513 or 514 or 515 or 516 or 517 or 518 or 519 or 520 or 521 or 522 or 523 or 524 or 525 or 526 or 527 or 528 or 529 or 530 or 531 or 532 or 533 or 534 or 535 or 536 or 537 or 538 or 539 or 540 or 541 or 542 or 543 or 544 or 545 or 546 or 547 or 548 or 549 or 550 or 551 or 552 or 553 or 554 or 555 or 556 or 557 or 558 or 559 or 560 or 561 or 562 or 563 or 564 or 565 or 566 or 567 or 568 or 569 or 570 or 571 or 572 or 573 or 574 or 575 or 576 or 577 or 578 or 579 or 580 or 581 or 582 or 583 or 584 or 585 or 586 or 587 or 588 or 589 or 590 or 591 or 592 or 593 or 594 or 595 or 596 or 597 or 598 or 599 or 600 or 601 or 602 or 603 or 604 or 605 or 606 or 607 or 608 or 609 or 610 or 611 or 612 or 613 or 614 or 615 or 616 or 617 or 618 or 619 or 620 or 621 or 622 or 623 or 624 or 625 or 626 or 627 or 628 or 629 or 630 or 631 or 632 or 633 or 634 or 635 or 636 or 637 or 638 or 639 or 640 or 641 or 642 or 643 or 644 or 645 or 646 or 647 or 648 or 649 or 650 or 651 or 652 or 653 or 654 or 655 or 656 or 657 or 658 or 659 or 660 or 661 or 662 or 663 or 664 or 665 or 666 or 667 or 668 or 669 or 670 or 671 or 672 or 673 or 674 or 675 or 676 or 677 or 678 or 679 or 680 or 681 or 682 or 683 or 684 or 685 or 686 or 687 or 688 or 689 or 690 or 691 or 692 or 693 or 694 or 695 or 696 or 697 or 698 or 699 or 700 or 701 or 702 or 703 or 704 or 705 or 706 or 707 or 708 or 709 or 710 or 711 or 712 or 713 or 714 or 715 or 716 or 717 or 718 or 719 or 720 or 721 or 722 or 723 or 724 or 725 or 726 or 727 or 728 or 729 or 730 or 731 or 732 or 733 or 734 or 735 or 736 or 737 or 738 or 739 or 740 or 741 or 742 or 743 or 744 or 745 or 746 or 747 or 748 or 749 or 750 or 751 or 752 or 753 or 754 or 755 or 756 or 757 or 758 or 759 or 760 or 761 or 762 or 763 or 764 or 765 or 766 or 767 or 768 or 769 or 770 or 771 or 772 or 773 or 774 or 775 or 776 or 777 or 778 or 779 or 780 or 781 or 782 or 783 or 784 or 785 or 786 or 787 or 788 or 789 or 790 or 791 or 792 or 793 or 794 or 795 or 796 or 797 or 798 or 799 or 800 or 801 or 802 or 803 or 804 or 805 or 806 or 807 or 808 or 809 or 810 or 811 or 812 or 813 or 814 or 815 or 816 or 817 or 818 or 819 or 820 or 821 or 822 or 823 or 824 or 825 or 826 or 827 or 828 or 829 or 830 or 831 or 832 or 833 or 834 or 835 or 836 or 837 or 838 or 839 or 840 or 841 or 842 or 843 or 844 or 845 or 846 or 847 or 848 or 849 or 850 or 851 or 852 or 853 or 854 or 855 or 856 or 857 or 858 or 859 or 860 or 861 or 862 or 863 or 864 or 865 or 866 or 867 or 868 or 869 or 870 or 871 or 872 or 873 or 874 or 875 or 876 or 877 or 878 or 879 or 880 or 881 or 882 or 883 or 884 or 885 or 886 or 887 or 888 or 889 or 890 or 891 or 892 or 893 or 894 or 895 or 896 or 897 or 898 or 899 or 900 or 901 or 902 or 903 or 904 or 905 or 906 or 907 or 908 or 909 or 910 or 911 or 912 or 913 or 914 or 915 or 916 or 917 or 918 or 919 or 920 or 921 or 922 or 923 or 924 or 925 or 926 or 927 or 928 or 929 or 930 or 931 or 932 or 933 or 934 or 935 or 936 or 937 or 938 or 939 or 940 or 941 or 942 or 943 or 944 or 945 or 946 or 947 or 948 or 949 or 950 or 951 or 952 or 953 or 954 or 955 or 956 or 957 or 958 or 959 or 960 or 961 or 962 or 963 or 964 or 965 or 966 or 967 or 968 or 969 or 970 or 971 or 972 or 973 or 974 or 975 or 976 or 977 or 978 or 979 or 980 or 981 or 982 or 983 or 984 or 985 or 986 or 987 or 988 or 989 or 990 or 991 or 992 or 993 or 994 or 995 or 996 or 997 or 998 or 999 or 1000

SIGNATURE:

Glenn Dunkelberger

GLENN DUNKELBERGER, PRESIDENT (305) 522-7088

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

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

DOCUMENT # N94000001897 (7)

1. Corporation Name

SPRINGFEST, INC.

Principal Place of Business

Mailing Address

226 S. PALAFOX STREET
PENSACOLA FL 32501

226 S. PALAFOX STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/01/1994

4. FEI Number

59-3237865

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 70
Sute, Apt. #, etc.

26 P.O. BOX 70
Sute, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA, FL
Zip Country

28 PENSACOLA, FL
Zip Country

24 32591
Country

25 ESCAMBIA
Country

29 32591
Country

30 ESCAMBIA
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELL, STEPHEN B
226 S. PALAFOX STREET
PENSACOLA FL 32501

81 Name
PARTINGTON, BRUCE D.

82 Street Address (P.O. Box Number is Not Acceptable)
125 W. ROMANA STREET

83

84 City
PENSACOLA

FL

85 Zip Code
32501

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

BRUCE D. PARTINGTON

4/19/95

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DOLLARHIDE, BILL
STREET ADDRESS C/O 29 S. PALAFOX STREET
CITY, ST, ZIP PENSACOLA FL 32501

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE D
NAME HOLMES, KATHY
STREET ADDRESS 2850 BELLE CHRISTIANE CIRCLE
CITY, ST, ZIP PENSACOLA FL 32503

21 TITLE ☒ Change ☐ Addition
22 NAME D S
23 STREET ADDRESS GOODHART, MARY
24 CITY, ST, ZIP P.O. BOX 17389 2292 EQUESTRIAN WAY
PENSACOLA, FL 3252204

TITLE D
NAME BURGESS, STEVEN
STREET ADDRESS P.O. BOX 12484 N/A
CITY, ST, ZIP PENSACOLA FL 32573

31 TITLE ☒ Change ☐ Addition
32 NAME D T
33 STREET ADDRESS CHAPMAN, R. DALE
34 CITY, ST, ZIP P.O. BOX 631 N/A
PENSACOLA, FL 32522

TITLE D
NAME POLLACK, CAROL
STREET ADDRESS P.O. BOX 631 N/A
CITY, ST, ZIP PENSACOLA FL 32592

41 TITLE ☒ Change ☐ Addition
42 NAME D VICE PRESIDENT
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE D
NAME MURZIN, DAVE
STREET ADDRESS 8463 BEULAH ROAD
CITY, ST, ZIP PENSACOLA FL 32528

51 TITLE ☒ Change ☐ Addition
52 NAME D FIRST VICE PRESIDENT
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE D
NAME BAKER, JACKIE
STREET ADDRESS C/O 25 W. CEDAR STREET
CITY, ST, ZIP PENSACOLA FL 32501

61 TITLE ☒ Change ☐ Addition
62 NAME D P
63 STREET ADDRESS
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 110.07(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:

R. DALE CHAPMAN
TREASURER

4/19/95 (904) 432-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone (Area #)

N94 - 1897

Additional SpringFest Directors

Director
Allen, Mike
22A Via Deluna
Pensacola, Fl. 32561

Director
Dukes, Trice
3375 Rommitch Court
Pensacola, Fl. 32504

Director
Emerson, Ralph
200 E. Government Street
Pensacola, Fl. 32501

Director
Fox, Cynthia
2690 Semorian Drive
Pensacola, Fl. 32503

Director
Gallo, Claire
2299 Scenic Highway, Suite K-12
Pensacola, Fl. 32503

Director
Hess, Sharon
1910 Mallory Street
Pensacola, Fl. 32503

Director
Lee, Trish
2190 Airport Blvd., Suite 3000
Pensacola, Fl. 32504

Director
Little, Helen
5918 N. Davis Highway
Pensacola, Fl. 32503

Director
Sites, Richard
1885 Brenda Ave.
Pensacola, Fl. 32506

Director
Thomas, Mike
320 West Lloyd Street
Pensacola, Fl. 32501

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000002612 (9)

1. Corporation Name

ANTIOCH YOUNG LIFE CENTER CORPORATION

Principal Place of Business

Mailing Address

2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1994

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

26

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUCKSWORTH, GEORGE R
2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

6/4/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DUCKSWORTH, GEORGE R
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL
CITY, ST, ZIP	APOPKA FL 32712
TITLE	D
NAME	HOBBS, STEPHANIE M
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL
CITY, ST, ZIP	APOPKA FL 32712
TITLE	D
NAME	NELSON, QUINTON
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL
CITY, ST, ZIP	APOPKA FL 32712
TITLE	D
NAME	NEAL, HAROLD
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL
CITY, ST, ZIP	APOPKA FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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 or person empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/95 407-884-9197

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: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000005420 (4)

1. Corporation Name

JAMES M. AND DONNA B. SANTO FOUNDATION, INC.

Principal Place of Business

Mailing Address

5113 S. NICHOL ST.
TAMPA FL 33611

5113 S. NICHOL ST.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/01/1994

4. FEI Number

Applied For

59-3275370

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

☒ 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 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, J. WARREN
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

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 617.0502 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

J. WARREN FRAZIER

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

(NOTE: Registered Agent signature required when resigning)

6/19/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SANTO, JAMES M
STREET ADDRESS 5113 SOUTH NICHOL ST.
CITY, ST, ZIP TAMPA FL 33611

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME SANTO, DONNA B
STREET ADDRESS 5113 SOUTH NICHOL ST.
CITY, ST, ZIP TAMPA FL 33611

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME FRAZIER, J. WARREN
STREET ADDRESS 501 E. KENNEDY ST., STE. 1400
CITY, ST, ZIP TAMPA FL 33602

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(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:

James M. Santo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. SANTO
Director

6/19/95

DATE

(813) 377-6309

TELEPHONE NUMBER

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000005568 (0)

1. Corporation Name

ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

877 LULLWATER DR
OVIEDO FL 32765

877 LULLWATER DR
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/10/1994

4. FEI Number

Applied For

Not Applicable

59-3293118

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, RANDY J
877 LULLWATER DR
OVIEDO FL 32765

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

JOE SPARKS, PRES. D ☐ Change ☒ Addition
815 ROYALWOOD LANE
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

MARY HARGRAVE ☐ Change ☒ Addition
818 Lullwater Drive
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

RANDY LEWIS, D ☐ Change ☒ Addition
877 Lullwater Drive
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

SD ☐ Change ☒ Addition
Sue Golin
802 Lullwater Drive
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 amendment with an address.

SIGNATURE:

Randy Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (407)657-3200

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$168 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$398)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000006041 (7)

1. Corporation Name

HIGHLANDS RIDGE/HIDDEN CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/06/1994

4. FEI Number

Applied For

65-0585994

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3003 FAIRWAY VISTA DR

26 3003 FAIRWAY VISTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUVE, JOHN B

2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3003 FAIRWAY VISTA DR

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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

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

(Initials) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

DPST
 JUVE, JOHN B
 2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY ST ZIP

3003 FAIRWAY VISTA DR

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

DV
 COVEY, ALAN C
 2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY ST ZIP

DV
 JUVE, DIANE
 3003 FAIRWAY VISTA DR

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

D
 DICKEY, NANCY P
 2801 CLUBHOUSE BLVD
 AVON PARK FL 33825

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY ST ZIP

3003 FAIRWAY VISTA DR

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY ST ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY ST ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 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)(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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B JUVE

Date

941/471-1171

Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000000517 (0)

1. Corporation Name

DIANA RESTAURANT, INC.

Principal Place of Business

3325 E ATLANTIC BLVD
POMPANO BEACH FL 33062

Mailing Address

3325 E ATLANTIC BLVD
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

4. FEI Number

61-0462892

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

GAYNOR, BETH
3325 E ATLANTIC BLVD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature must be original (typed or registered) and the date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GAYNOR, BETH
STREET ADDRESS 3325 E ATLANTIC BLVD
CITY, ST, ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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:

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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