

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N94000003718 (3)

95 JUN - 1 AM 8:55

1. Corporation Name
GRACE CHURCH OF MIAMI SHORES, INC.

Principal Place of Business Mailing Address
10390 NE 2ND AVE MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1994** 3a. Date of Last Report

4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip Country 25 Country 29 Zip Country 30 Country

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

**GROSSFELD, SERIL L ESO
SERIL L GROSSFELD ATTORNEY AT LAW PA
8 SE 8TH ST
FT LAUDERDALE FL 33316**

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 or 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 **D**
NAME **FRIEDRICH, LEONARD**
STREET ADDRESS **1860 VENICE PARK DR APT 128**
CITY - ST - ZIP **NORTH MIAMI FL 33181**

11 TITLE Change Addition
12 NAME **William L Sawyer**
13 STREET ADDRESS **7601 E Treasure Dr. #420**
14 CITY - ST - ZIP **North Bay Village FL 33141**

TITLE **D**
NAME **CORNELL, HAROLD**
STREET ADDRESS **8240 SW 24TH ST APT 5108**
CITY - ST - ZIP **NORTH LAUDERDALE FL 33068**

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

TITLE **D**
NAME **ST ROSE, BETH**
STREET ADDRESS **830 NE 71ST ST**
CITY - ST - ZIP **MIAMI FL 33138**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
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 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:

Harold Cornell
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6-1-95 (305) 777-1419
DATE

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

DOCUMENT # **N94000003839 (7)**

1. Corporation Name

THE ENCLAVE AT VICTORIA PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
#708
FT. LAUDERDALE FL 33308

2400 E. COMMERCIAL BLVD.
#708
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/04/1994	3a. Date of Last Report INITIAL
4. FEI Number 65-0514397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEACH, MICHAEL E
2400 E. COMMERCIAL BLVD.
#708
FT. LAUDERDALE FL 33308

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, JOHN J	1.2 NAME	
STREET ADDRESS	3200 S. ANDREWS AVE., SUITE 106	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, DEBRA L	2.2 NAME	
STREET ADDRESS	3200 S. ANDREWS AVE., SUITE 106	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUTH, THOMAS M BLUTH, THOMAS M.	3.2 NAME	
STREET ADDRESS	642 BEDFORD AVE. 289 LAUBINS BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL FT. LAUDERDALE FL 33327	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: Debra Fitzgerald **Debra Fitzgerald** 5-15-95 **305-523-8210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #