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 MAR 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003952 (8)

1. Corporation Name
LA TRINACRIA DI FLORIDA, INC.

Principal Place of Business
~~450 N.E. 20TH STREET~~
~~SUITE 108~~
~~BOCA RATON FL 33431~~

Mailing Address
~~450 N.E. 20TH STREET~~
~~SUITE 108~~
~~BOCA RATON FL 33431~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0512426 — Applied For / Not Applicable

2. Principal Place of Business
21 2840 N.W. BOCA RATON BLVD.
Suite, Apt #, etc
22 SUITE 201 C
City & State
23 BOCA RATON, FLORIDA
Zip
24 33431
Country
25 U.S.A.

2a. Mailing Address
26 2840 NW BOCA RATON BLVD
Suite, Apt #, etc
27 SUITE 201 C
City & State
28 BOCA RATON, FLORIDA
Zip
29 33431
Country
30 U.S.A.

5. Certificate of Status Desired X — $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

~~ADAMS, ALVIN A~~
~~450 N.E. 20TH STREET~~
~~SUITE 108~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: ALVIN A. ADAMS
82 Street Address (P.O. Box Number is Not Acceptable): 7998 TEXAS TRAIL
83
84 City: BOCA RATON FL 85 Zip Code: 33487

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] Alvin A. Adams 1/19/95

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	PRESIDENT
NAME	ALVIN A. ADAMS
STREET ADDRESS	7998 TEXAS TRAIL
CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	VICE PRESIDENT
NAME	ARTHUR DI STEFANO
STREET ADDRESS	5701 NW 2ND AVE #201
CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	2ND VICE PRESIDENT
NAME	BARNEY GIAMBALVO
STREET ADDRESS	4894 SUGAR PINE DR
CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	SECRETARY
NAME	ARLENE DI STEFANO
STREET ADDRESS	5701 NW 2ND AVE #201
CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	TREASURER
NAME	MARIA COSENTINO
STREET ADDRESS	23357 LAGO DEL MAR CR.
CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	DIRECTOR
NAME	WILLIAM SAVINO
STREET ADDRESS	18471 OLD PRINCETON LA.
CITY-ST-ZIP	BOCA RATON, FL. 33498

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS LISTED

1.1 TITLE	DIRECTOR	☐ Change ☐ Addition
1.2 NAME	ANTHONY VESPUCCI	
1.3 STREET ADDRESS	800 NE 76TH ST	
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
2.1 TITLE	DIRECTOR	☐ Change ☐ Addition
2.2 NAME	SALVATORE COSENTINO	
2.3 STREET ADDRESS	23357 LAGO DEL MAR CR.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	TRUSTEE	☐ Change ☐ Addition
3.2 NAME	DR NICHOLAS ALOI	
3.3 STREET ADDRESS	17204 HAMPTON BLVD	
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33496	
4.1 TITLE	TRUSTEE	☐ Change ☐ Addition
4.2 NAME	VICTOR GIANNONE	
4.3 STREET ADDRESS	10236 HARBOR TOWN RD	
4.4 CITY-ST-ZIP	BOCA RATON, FL. 33498	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(1)(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] Alvin A. Adams 1/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N94000004552 (5)**

1. Corporation Name

TIMBERLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
515 S. 6TH STREET MACCLENNY FL 32063	515 S. 6TH STREET MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3378270 ☐ 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
22 Suite, Apt. #, etc.	27 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

RHODEN, THOMAS R
515 S. 6TH STREET
MACCLENNY FL 32063

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 reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RHODEN, THOMAS R	12 NAME	
STREET ADDRESS	515 S. 6TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RHODEN, THOMAS J	22 NAME	
STREET ADDRESS	515 S. 6TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	RHODEN, TINA M	32 NAME	
STREET ADDRESS	515 S. 6TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	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	

200001437122
-03/22/95--01112--007
****130.00 ****130.00

3/22/95 GWT

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: Thomas R Rhoden Thomas R Rhoden 3/1/95 904-259-6431
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000188

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 APR 23 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004734 (9)

1. Corporation Name
CORVETTES OF CHARLOTTE COUNTY., INC.

Principal Place of Business	Mailing Address
PALM CHEVROLET CONFERENCE ROOM 1901 TAMIAMI TRAIL PUNTA GORDA FL 33950	P.O. BOX 394 MURDOCK FL 33938-0394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0475135 ☐ 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 — 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

9. Name and Address of Current Registered Agent

D'ALESSANDRO, PAUL
21097 ILIADE AVENUE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: PETE SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 2618 PARISIAN CT.
83
84 City: PUNTA Gorda | FL | 85 Zip Code: 33950

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: Pete Smith — 2-25-95
Signature, typed 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	President	11 TITLE	Director ☐ Change ☐ Addition
NAME	William Marfizo, SR.	12 NAME	ROGER ANNICELLI
STREET ADDRESS	1281 Larchmont Drive	13 STREET ADDRESS	17213 ELDER AVE
CITY-ST-ZIP	Englewood, FL. 34223	14 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33954
TITLE	Vice President	21 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	Pete Smith	22 NAME	ROBERT KONEVAL
STREET ADDRESS	2618 Parisian Court	23 STREET ADDRESS	339 BARCELONA ST.
CITY-ST-ZIP	Port Charlotte, FL 33950	24 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983
TITLE	2nd Vice President	31 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	Bill Marfizo, Jr.	32 NAME	EUGENE KRAUS
STREET ADDRESS	2922 Yamada Lane	33 STREET ADDRESS	16460 CHICOPEE
CITY-ST-ZIP	North Port, FL. 34289	34 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33954
TITLE	Secretary	41 TITLE	☐ Change ☐ Addition
NAME	Nancy Kraus	42 NAME	800001439268
STREET ADDRESS	16460 Chicopee	43 STREET ADDRESS	-03/24/95--01074--003
CITY-ST-ZIP	Port Charlotte, FL. 33954	44 CITY-ST-ZIP	****130.00 ****130.00
TITLE	Treasurer	51 TITLE	☐ Change ☐ Addition
NAME	Jaki Koneval	52 NAME	3/23/95 mst
STREET ADDRESS	339 Barcelona St.	53 STREET ADDRESS	
CITY-ST-ZIP	Port Charlotte, FL. 33983	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: Jaki Koneval, TREASURER — Feb. 28, 1995 — (813) 624-6461
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JAKI KONEVAL

0000881