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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001191

1. Corporation Name
NEWFOUNDLAND CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2809 SHAMROCK NORTH TALLAHASSEE FL 32308-2231	2809 SHAMROCK NORTH TALLAHASSEE FL 32308-2231

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3117287 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCMAHON, CANDACE C 2809 SHAMROCK NORTH TALLAHASSEE FL 32308-2231	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 _____ 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	PD	☐ DELETE	1.1 TITLE	Presdient/Director	☒ Change ☐ Addition
NAME	MCMAHON, CANDACE C		1.2 NAME	Nancy Aliff	
STREET ADDRESS	2809 SHAMROCK NORTH		1.3 STREET ADDRESS	8161 Blue Quill	
CITY-ST-ZIP	TALLAHASSEE FL 32308-2231		1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VD	☐ DELETE	2.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	ALIFF, NANCY J		2.2 NAME	Bill Schernekau	
STREET ADDRESS	8161 BLUE QUILL		2.3 STREET ADDRESS	1200 NW 73rd Terr	
CITY-ST-ZIP	TALLAHASSEE FL 32312-5017		2.4 CITY-ST-ZIP	Ocala, FL 34482	
TITLE	SD	☐ DELETE	3.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	BRENDA RIDDLE		3.2 NAME	Chris Yamnitz	
STREET ADDRESS	C/O D FAYNOR 10067 STONECROP AVE		3.3 STREET ADDRESS	12421 Kozy Rest Ln	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	TD	☐ DELETE	4.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	PHILLIPS-MYERS, KAREN		4.2 NAME	Dawn Faynor	
STREET ADDRESS	2009 SCENIC ROAD		4.3 STREET ADDRESS	1508 NE 13th St	
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	EAD	☐ DELETE	5.1 TITLE	Exec Advisor/Director	☒ Change ☐ Addition
NAME	BASEL, BETH		5.2 NAME	Candace C. McMahon	
STREET ADDRESS	1532 U.S. 41 BYPASS SOUTH, #262		5.3 STREET ADDRESS	2809 Shamrock North	
CITY-ST-ZIP	VENICE FL 34253		5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME			6.2 NAME	Janice Hoffenberg	
STREET ADDRESS			6.3 STREET ADDRESS	6216 Fordham Cir East	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville, FL 33626	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Candace C. McMahon - Exec Advisor 2/12/99 850-893-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #