Secretary of State MATTLENE ASSOCIATION OF FLORIDA 'SAINT RAPHAEL', INC. Principal Place of Biogeness Molling Across S 800 LARE SLORE DR PALM HARBOR FL 3664 SED LARE SLORE DR PALM HARBOR FL 3664 22. Multing Across S 800 LARE SLORE DR PALM HARBOR FL 3664 23. Date incorporated of custified Secretary of State Sulfo, April *, etc. 24. Principal Place of Sunness 25. Multing Across S 800 LARE SLORE DR PALM HARBOR FL 3664 26. Copy & Sunne	COR ANNU	NOR BEFORE 8/1/ DNPROFIT PORATION JAL REPORT 1996		FLOR	Sandra B. I Sandra B. I Secretary SION OF CO	of State DRPORATIONS	FIL. Jun 18, 1996	
MYTILENE ASSOCIATION OF FLORIDA "SAINT RAPHAEL". Principal Place of Everieses ***SECLAKE SYORE DR ***PILLAM HARBOR IT. MISSA ***SECLAKE SYORE DR ***PILLAM HARBOR IT. MISSA ***PILLAM HARBOR IT.	DOCUM 1. Corporation	MENT #	N9500)000230)8 (3))		
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Section Sect	Principal Place	of Business		Mailing Addre	ss			i i i i i i i i i i i i i i i i i i i
22. Mailing Address 23. Mailing Address 24. Mailing Address 25. Certificate of Status Desired 26. Replication 26. 26								
Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Plan	and of Business			<u> </u>		05/11/1995	3a. Date of Last Report
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GIALOUSKIS, PETER 3890 LAKE SHORE DR PALM HARBOR FL 34684 11. Pureuant to the provisions of Sections 617 0000 and 617 1000, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent lam familiar with various perpetuation of Joseph Control		25		Zip 29	3(–	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes X No
3890 LAKE SHORE DR PALM HARBOR FL 34684 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 95 Zip Codo 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 agent. I am failaire with gand cocept the obligations of Section 617:0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am failaire with gand procept the obligations of Section 617:0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and failaire with gand procept the appointment its registered agent. I am failaire with gand pociety the corporation's board of directors. I hereby accept the appointment its registered agent and failaire with gand procept the appointment its registered agent and failaire with gand procept the appointment its registered agent. I am failaire with gand procept the appointment its registered agent and failaire with gand procept the appointment its registered agent and failaire with gand procept the appointment its registered agent. I am failaire with gand procept the appointment its registered agent and failaire with gand procept the appointment its registered agent. I am failaire with gand procept the appointment its registered agent and failaire with gand procept and failaire with gand failaire gand fail gand fail gand fail gand failaire gand fail gand fail gand fail gand fail gand fail gand faila			Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
PALM HARBOR FL 34684 83 84 City FL 85 Zup 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 agent from the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the appointment as registered agent 1 am laphlar with and pacept the obligations of, Section 617.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS 14. TITLE 15. TIT			₹			B2 Street Add	ress (P.O. Box Number is Not Acceptab	ıle)
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 agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apphiniment as registered agent. I am fighter with apphications of Section 617.0503, Florida Statutes. SIGNATURE Object of Control						83		
11. Pursuant to the provisions of Science 317.0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent am transition with and proceed the objections of Socion 617.0503, Florida Statutes GRATTURE Significant page of provisions of Seated of Floridas Such change was authorized by the corporation's board of directors. I hereby accept the explointment as registered significant with an appointment as registered significant or the supposition of						1 1		
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S.S. STREET ADDRESS TITLE DELETE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 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	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR	OFFICERS AND KIS, PETER SHORE DR SOR FL 34684 S, ELIAS ING AVE FL 34668 IARRY L D	and title if applicable; DIRECTORS C DIRECTORS D D	(NOTE FR	the above-named corporated a Statutes. agistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstating)	The appointment as registered the ap
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NAME 52 NAME 63 STREET ADDRESS 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	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR	OFFICERS AND KIS, PETER SHORE DR SOR FL 34684 S, ELIAS ING AVE FL 34668 IARRY L D	and title if applicable; DIRECTORS C DIRECTORS D D	(NOTE FR	the above-named corporation or content by the corporation of the corpo	red when reinstating)	The appointment as registered the ap
63 STREET ADDRESS 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	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR	OFFICERS AND KIS, PETER SHORE DR SOR FL 34684 S, ELIAS ING AVE FL 34668 IARRY L D	and title if applicable; DIRECTORS C D D D	(NOTE FR	the above-named corporated a Statutes. agistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating)	Lipose of changing its registered the appointment as registered th
14. I do hereby certify that the information supplied with this filing is voluntarily further certify that the information indicated on this annual recent of supplied with this filing is voluntarily further certify that the information indicated on this annual recent of supplied with this filing is voluntarily further certify that the information indicated on this annual recent of supplied with this filing is voluntarily further certify that the information supplied with this filing is voluntarily further certify that the information supplied with this filing is voluntarily further certify that the information supplied with this filing is voluntarily further certify that the information supplied with this filing is voluntarily further certify that the information is provided by the certification of the certification	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR	OFFICERS AND KIS, PETER SHORE DR SOR FL 34684 S, ELIAS ING AVE FL 34668 IARRY L D	and title if applicable; DIRECTORS C D D D	(NOTE FR	the above-named corporation or corporation of the c	red when reinstating)	Lipose of changing its registered the appointment as registered th
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 that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR	OFFICERS AND KIS, PETER SHORE DR SOR FL 34684 S, ELIAS ING AVE FL 34668 IARRY L D	and title if applicable; DIRECTORS C D D D	(NOTE FR	the above-named corporation a Statutes. egistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	red when reinstating)	Lipose of changing its registered the appointment as registered th
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.	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWL PT RICHEY D KOUKOS, H 44 LEEWAR CLEARWATE	OFFICERS AND VIS, PETER SHORE DR 3OR FL 34684 S, ELIAS ING AVE FL 34668 JARRY L D ER FL 34630	and title if applicable; DIRECTORS C DIRECTORS D D D D D D D D D D D D D	(NOTE FA	a Statutes. agistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE	PL urpose of changing its registered the appointment as registered Loate CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRE	DP GIALOUSAK 3890 LAKE PALM HARE DV DAMIANAKI 6442 PAWLI PT RICHEY D KOUKOS, H 44 LEEWAR CLEARWATE	ormation supplied water indicated on the	and title if applicable; DIRECTORS	OELETE DELETE DELETE DELETE DELETE	the above-named corporated a Statutes. egistered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 TITLE 6.5 NAME 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 1.5 TITLE 6.5 NAME 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 1.5 TITLE 6.5 NAME 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 1.5 TITLE 6.5 NAME 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICE fy for the exemption stated in Section 11	The appointment as registered the ap