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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 709573

1. Corporation Name

CIRCLE M RANCHETTES RECREATION AND BEAUTIFICATIO N ASSOCIATION, INC.

Principal Place of Business

11821 N. CIRCLE M AVE  
 P. O. BOX 1493  
 DUNNELLO N FL 34430

Mailing Address

11821 N. CIRCLE M AVE  
 P. O. BOX 1493  
 DUNNELLO N FL 34430



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/10/1965

4. FEI Number  
 59-2603438

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

9. Name and Address of Current Registered Agent

ALLEN, BARRY R  
 10099 N CAMAE POINT  
 DUNNELLO N FL 34433

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 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

*BARRY R. ALLEN* *Barry R. Allen*

1-27-99

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 P  DELETE  
 NAME FOSTER, WOODY  
 STREET ADDRESS 10397 N RANCHHAND AVE  
 CITY-ST-ZIP DUNNELLO N FL 34433

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VP  DELETE  
 NAME COX, TOM  
 STREET ADDRESS 5940 W OAK HILL ST  
 CITY-ST-ZIP DUNNELLO N FL 34433

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME ALLEN, CAROL  
 STREET ADDRESS 10099 CAMAE POINT  
 CITY-ST-ZIP DUNNELLO N FL 34433

3.1 TITLE  Change  Addition  
 3.2 NAME SECRETARY, MARY IACINO  
 3.3 STREET ADDRESS 10463 N. PARKWOOD AVENUE  
 3.4 CITY-ST-ZIP Dunndellon, FL 34433

TITLE T  DELETE  
 NAME TROY, SUE  
 STREET ADDRESS 5930 W KNOXVILLE LANE  
 CITY-ST-ZIP DUNNELLO N FL 34433

4.1 TITLE  Change  Addition  
 4.2 NAME TREASURER, CAROL ALLEN  
 4.3 STREET ADDRESS 10099 N. CAMAE Point  
 4.4 CITY-ST-ZIP Dunndellon, FL 34433

TITLE D  DELETE  
 NAME COX, LIL  
 STREET ADDRESS 5940 W OAK HILL ST  
 CITY-ST-ZIP DUNNELLO N FL 34433

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME CARPENTER, GARY  
 STREET ADDRESS 3954 W WOODLAWN STREET  
 CITY-ST-ZIP DUNNELLO N FL 34433

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *Carol Allen* SIGNATURE REQUIRED: CAROL L. ALLEN 1-27-99 (352)489-3264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)