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**Apr 09, 1999 8:00 am**
**Secretary of State**
04-09-1999 90070 007 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # 722816

1. Corporation Name

**BIG TREE SHORES OWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2025 HICKORYWOOD DRIVE<br>DAYTONA BEACH FL 32119-8802 | 2025 HICKORYWOOD DRIVE<br>DAYTONA BEACH FL 32119-8802 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip 24 Country 25 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip 29 Country 30 | 3. Date Incorporated or Qualified<br>03/02/1972<br>4. FEI Number<br>59-2350226 ☐ Applied For ☐ Not Applicable<br>5. Certificate of Status Desired ☐ $8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

MURPHY, HAROLD
#5 APPLEWOOD CIRCLE
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name: Anna Lee
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: #1 Applewood Circle So. Daytona Fl FL 85 Zip Code: 32119

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: ANNA LEE Anna Lee DATE: 4-27-99
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 | PD | ☒ Change ☐ Addition |
| NAME | MURPHY, HAROLD | | 1.2 NAME | Anna Lee | |
| STREET ADDRESS | 5 APPLEWOOD CIRCLE | | 1.3 STREET ADDRESS | 1 Applewood Circle | |
| CITY-ST-ZIP | SOUTH DAYTONA FL | | 1.4 CITY-ST-ZIP | So Daytona,Fl | |
| TITLE | TS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CUNNINGHAM, VICTORIA | | 2.2 NAME | | |
| STREET ADDRESS | 2043 HICKORYWOOD DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTH DAYTONA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEMATTEO, RITA | | 3.2 NAME | | |
| STREET ADDRESS | 7 APPLEWOOD CIR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | S DAYTONA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HALE, IRENE J | | 4.2 NAME | | |
| STREET ADDRESS | 17 APPLEWOOD CIR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | S DAYTONA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SPERLICH, MARIE | | 5.2 NAME | | |
| STREET ADDRESS | 8 CHERRYWOOD DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | S DAYTONA, FL 00000 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | STRADER, PHYLLIS | | 6.2 NAME | Gladys Kumley | |
| STREET ADDRESS | 27 APPLEWOOD CIR | | 6.3 STREET ADDRESS | 2034 Hickorywood Dr | |
| CITY-ST-ZIP | S DAYTONA FL | | 6.4 CITY-ST-ZIP | So Daytona,fl 32119 | |

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 4-6-99 (904) 767-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)