

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 19, 1996 08:00 AM
Secretary of State

DOCUMENT # **734397** (3)

1. Corporation Name
MINI-FARMS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 1289, CRYSTAL RIVER FL 34423
Mailing Address: P.O. BOX 1289, CRYSTAL RIVER FL 34423

3. Date Incorporated or Qualified: 11/20/1975
3a. Date of Last Report: 08/11/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-0189511	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ALEXANDER, CHARLES N
1630 N. LOMBARDO AV
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name: GARY THOMAS
82 Street Address (P.O. Box Number is Not Acceptable):
83 7850 W. CRINOLINE LN.
84 City: DUNNELLON FL 85 Zip Code: 34433

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: *Gary Thomas* GARY THOMAS 4/16/96
Signature, typed or printed name of registered agent, and date of appointment, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P THOMAS, GARY D <input type="checkbox"/> DELETE	1.1 TITLE	T OGBURN, KAREN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, GARY D	1.2 NAME	OGBURN, KAREN
STREET ADDRESS	7850 W. CRINOLINE LN	1.3 STREET ADDRESS	9739 W. TOM MASON DR
CITY-ST-ZIP	DUNNELLON FL 34433	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	T PENDERGAST, FRANK <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENDERGAST, FRANK	2.2 NAME	HAMMOND, SAM
STREET ADDRESS	6800 N. OAKFIELD POINT	2.3 STREET ADDRESS	7545 N. DAMASCUS AV
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	D OGBURN, KAREN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OGBURN, KAREN	3.2 NAME	SATTERWHITE, JAMES
STREET ADDRESS	7939 W. TOM MASON DR.	3.3 STREET ADDRESS	7145 N. CAESAR PT.
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	3.4 CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	S ALEXANDER, CHARLES <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, CHARLES	4.2 NAME	SPITZ, JOHN
STREET ADDRESS	6050 W. GULF TO LAKE HWY.	4.3 STREET ADDRESS	8670 N. MEYERS SQ
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	4.4 CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	D WAINWRIGHT, GORDON <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, GORDON	5.2 NAME	
STREET ADDRESS	7700 W. COPENHAGEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNELLON FL 34433	5.4 CITY-ST-ZIP	
TITLE	D WORMAN, JANE W <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORMAN, JANE W	6.2 NAME	
STREET ADDRESS	8665 N. APPENLINES PT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34433	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(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 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: *Gary Thomas* GARY THOMAS 4/16/96 (352) 795-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)