

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734397 (3)**

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



Principal Place of Business <b>P.O. BOX 1289 CRYSTAL RIVER FL 34423</b>	Mailing Address <b>P.O. BOX 1289 CRYSTAL RIVER FL 34423-1289</b>
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3. Date Incorporated or Qualified <b>11/20/1975</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number <b>59-0189511</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOAMS, GARY  
7850 W. CRINOLINE WEST  
DUNNELLON FL 34433**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, GARY D</b>	1.2 NAME	<b>Karen Ogburn</b>
STREET ADDRESS	<b>7850 W. CRINOLINE LN</b>	1.3 STREET ADDRESS	<b>9739 W. Tom Mason Dr.</b>
CITY - ST - ZIP	<b>DUNNELLON FL 34433</b>	1.4 CITY - ST - ZIP	<b>Crystal River, FL 34428</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMMOND, SAM</b>	2.2 NAME	<b>Sharon Mulvie</b>
STREET ADDRESS	<b>7545 N. DAMASCUS AVENUE</b>	2.3 STREET ADDRESS	<b>7360 Copenhagen St</b>
CITY - ST - ZIP	<b>DUNNELLON FL</b>	2.4 CITY - ST - ZIP	<b>Dunnellon, FL 34433</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SATTERWHITE, JAMES</b>	3.2 NAME	<b>Ellen Coburn</b>
STREET ADDRESS	<b>7145 N CAESAR POINT</b>	3.3 STREET ADDRESS	<b>6721 Copenhagen St</b>
CITY - ST - ZIP	<b>DUNNELLON FL</b>	3.4 CITY - ST - ZIP	<b>Dunnellon FL 34433</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZ, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>8670 N MEYERS SQUARE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNNELLON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAINWRIGHT, GORDON</b>	5.2 NAME	
STREET ADDRESS	<b>7700 W. COPENHAGEN</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNELLON FL 34433</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORMAN, JANE W</b>	6.2 NAME	
STREET ADDRESS	<b>8665 N. APPENLINES PT.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNNELLON FL 34433</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Karen M. Ogburn* **Karen Ogburn** 4/7/97 352  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **563 4335** 0064946

CR2E037 (9/96)