


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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</b>
--	--

3. Date Incorporated or Qualified <b>11/20/1975</b>	
4. FEI Number <b>51-89-0189511</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (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>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, GARY D</b>	1.2 NAME	
STREET ADDRESS	<b>7850 W. CRINOLINE LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNNELLON FL 34433</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMMOND, SAM</b>	2.2 NAME	<b>MORRIS HARVEY</b>
STREET ADDRESS	<b>7545 N. DAMASCUS AVENUE</b>	2.3 STREET ADDRESS	<b>8055 N. DABBA TERR</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SATTERWHITE, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>7145 N CAESAR POINT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNNELLON FL 34433</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OGBURN, KAREN</b>	4.2 NAME	<b>MELINDA HASTINGS</b>
STREET ADDRESS	<b>9739 W TOM MASON DR</b>	4.3 STREET ADDRESS	<b>7224 W. WASHINGTON LN</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	4.4 CITY-ST-ZIP	<b>DUNNELLON, FL 34433</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAINWRIGHT, GORDON</b>	5.2 NAME	<b>SHARON MULVIE</b>
STREET ADDRESS	<b>7700 W. COPENHAGEN</b>	5.3 STREET ADDRESS	<b>7360 W. COPENHAGEN ST</b>
CITY-ST-ZIP	<b>DUNELLON FL 34433</b>	5.4 CITY-ST-ZIP	<b>DUNNELLON, FL 34433</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COBURN, ELLEN</b>	6.2 NAME	<b>JANE WEBER</b>
STREET ADDRESS	<b>6721 COPENHAGEN ST</b>	6.3 STREET ADDRESS	<b>5019 W. STARGAZER LN.</b>
CITY-ST-ZIP	<b>DUNNELLON FL 34433</b>	6.4 CITY-ST-ZIP	<b>DUNNELLON, FL. 34433</b>

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.

SIGNATURE: *Sharon Mulvie* **SHARON MULVIE** 5/15/98 (30) 795-7900

CR2E037 (10/97)