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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 734397

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/20/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
51-0189511

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOAMS, GARY
7850 W. CRINOLINE WEST
DUNNELLON FL 34433

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

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 D
NAME THOMAS, GARY D
STREET ADDRESS 7850 W. CRINOLINE LN
CITY-ST-ZIP DUNNELLON FL 34433

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D LULSEBUS, GAYLORD
8709 N ZAVAL AVE
DUNNELLON FL 34433

Change Addition

TITLE P
NAME HARVEY, MORRIS
STREET ADDRESS 8055 N DACCA TERR
CITY-ST-ZIP DUNNELLON FL 34433

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
G UENTHNER, CHARLES
6594 N GOLD LEAF POINT
DUNNELLON FL 34433

Change Addition

TITLE D
NAME SATTERWHITE, JAMES
STREET ADDRESS 7145 N CAESAR POINT
CITY-ST-ZIP DUNNELLON FL 34433

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME HASTINGS, MELINDA
STREET ADDRESS 7224 W WADDINGTON LN
CITY-ST-ZIP DUNNELLON FL 34433

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE S
NAME MULVIE, SHARON
STREET ADDRESS 7360 W COPENHAGEN ST
CITY-ST-ZIP DUNELLON FL 34433

DELETE

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

Change Addition

TITLE D
NAME COBURN, ELLEN
STREET ADDRESS 6721 COPENHAGEN ST
CITY-ST-ZIP DUNNELLON FL 34433

DELETE

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

Change Addition

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:

Ellen Coburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-26-99 (352) 563-2810
Daytime Phone #

CR2E037 (1/98)