

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90410 036 ****61.25

DOCUMENT # 734397

1. Entity Name

MINI-FARMS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1289
 CRYSTAL RIVER FL 34423

P.O. BOX 1289
 CRYSTAL RIVER FL 34423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0189511**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELKINS, BARBARA A
6332 N GOLD LEAF POINT
DUNNELLON FL 34433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MAYER, PAUL | |
| STREET ADDRESS | 7530 N. CAESAR PT. | |
| CITY-ST-ZIP | DUNNELLON FL 34433 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ELKINS, BARBARA A | |
| STREET ADDRESS | 6332 N. GOLD LEAF PT. | |
| CITY-ST-ZIP | DUNNELLON FL 34433 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GUENTHNER, CHARLES | |
| STREET ADDRESS | 6594 N. GOLDLEAF PT | |
| CITY-ST-ZIP | DUNNELLON FL 34433 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CRAIG, KATHLEEN | |
| STREET ADDRESS | 7097 N. BRUTUS AVE | |
| CITY-ST-ZIP | DUNNELLON FL 34433 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GUENTHNER, MAXENE | |
| STREET ADDRESS | 6594 N. GOLDLEAF PT | |
| CITY-ST-ZIP | DUNELLON FL 34433 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas A. Morrison, Jr | |
| STREET ADDRESS | 7223 N HELLER AVE | |
| CITY-ST-ZIP | DUNNELLON, FL 34433 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBARA A. ELKINS | |
| STREET ADDRESS | 6332 N Gold Leaf Pt | |
| CITY-ST-ZIP | DUNNELLON, FL 34433 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Heather Sipes | |
| STREET ADDRESS | 6095 W Baghdad St | |
| CITY-ST-ZIP | DUNNELLON, FL 34433 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maxene Guenther* **MAXENE GUENTHER** 4/12/02 352-795-6135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #

CR2E037 (9/01)