


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90029 034 \*\*\*\*70.00


**DOCUMENT # 734397**  
 1. Entity Name  
**MINI-FARMS PROPERTY OWNERS' ASSOCIATION, INC.**



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



1st MOORE CR2E037 (10/04)  
 4. FEI Number **51-0189511** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ELKINS, BARBARA A**  
**6332 N GOLD LEAF POINT**  
**DUNNELLON FL 34433**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EZELL, JOHN	
STREET ADDRESS	254 BRIAR BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, BARBARA A	
STREET ADDRESS	6332 N. GOLD LEAF PT.	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUENTHNER, CHARLES	
STREET ADDRESS	6594 N. GOLDLEAF PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUSSEY, BRENDA	
STREET ADDRESS	6262 W SEOUL LANE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARRY, MELINDA	
STREET ADDRESS	P.O. BOX 1843	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, JOHN	
STREET ADDRESS	254 BRIAR BAY CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, BARBARA A.	
STREET ADDRESS	6332 N Gold Leaf Pt	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIASECKI, GEORGE	
STREET ADDRESS	8658 PRESNELL TERRACE	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALL ROBERT	
STREET ADDRESS	8953 N VERO TERRACE	
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: Robert D. McCall - ROBERT MCCALL 3/10/05 352-795-6135  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #