


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90462 027 \*\*\*\*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



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 **ALAN OLBRICH**  
 Street Address (P.O. Box Number is Not Acceptable) **1276 W HUNTER HILL ST**  
 City **DUNNELLON FL 34433**

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 *Barbara A. Elkins* *Alan C. Olbrich* 4-13-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	EZELL, JOHN	
STREET ADDRESS	254 BRIAR BAY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ELKINS, BARBARA A	
STREET ADDRESS	6332 N. GOLD LEAF PT.	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIASECKI, GEORGE	
STREET ADDRESS	8658 PRESNELL TERRACE	
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	MCCALL, ROBERT	
STREET ADDRESS	8953 N. VERO TERRACE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, DALE WM.	
STREET ADDRESS	6791 N. VELVETERN PT.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLBRICH, ALAN	
STREET ADDRESS	1276 W HUNTERHILL ST.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, ART	
STREET ADDRESS	5405 W STOCKHOLM LN	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHABOT, JOSEPH	
STREET ADDRESS	8839 VERO TERR.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIASECKI, GEORGE	
STREET ADDRESS	8658 PRESNELL TERR	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, JOHN	
STREET ADDRESS	254 BRIAR BAY CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Alan C. Olbrich* **ALAN OLBRICH** President 4/13/06 (352) 795-7813