

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90201 050 ****61.25

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **51-0189511**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PD MORRISON, THOMAS A JR**
STREET ADDRESS **7223 N HELLER AVE**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE Change Addition
NAME **TD Wilson, Joyce A.**
STREET ADDRESS **6600 N OAKFIELD PT.**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE Delete
NAME **SD ELKINS, BARBARA A**
STREET ADDRESS **6332 N. GOLD LEAF PT.**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE Change Addition
NAME **D WILSON, GLENN E.**
STREET ADDRESS **6600 N OAKFIELD PT.**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE Delete
NAME **VD GUENTHNER, CHARLES**
STREET ADDRESS **6594 N. GOLDFLEAF PT**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HEATHER, SIPES**
STREET ADDRESS **6095 W BAGHDAD ST**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD GUENTHNER, MAXENE**
STREET ADDRESS **6594 N. GOLDFLEAF PT**
CITY-ST-ZIP **DUNELLON FL 34433**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 trustee 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 employment.

SIGNATURE: **BARBARA A. ELKINS** SECRETARY **2-4-03 352 795-2763**

CR2E037 (10/02)