FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742302 (3)

1. Corporation Name

MICCOSUKEE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12304 P O BOX 12304 TALLAHASSEE FL 32317 US	P.O. BOX 12304 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1978
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2375273 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHELFER, JAMES O.
1300 THOMASWOOD DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATHENY, VIC
STREET ADDRESS	4487 ARGYLELANE
CITY-ST-ZIP	TALLAHASSE, FL 00000
TITLE	PD
NAME	DIETRICH, BRUCE
STREET ADDRESS	4423 ARGYLE LANE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	STD
NAME	HAWKINS, TOMMIE
STREET ADDRESS	4420 ARGYLE LN
CITY-ST-ZIP	TALLAHASSE, FL 00000
TITLE	VD
NAME	COHEE, LEE
STREET ADDRESS	4500 ARGYLE LN
CITY-ST-ZIP	TALLAHASSE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	BRUCE DIETRICH	
13 STREET ADDRESS	4423 ARGYLE LANE	
14 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	
21 TITLE	VPD	☒ Change ☐ Addition
22 NAME	H. LEE COHEE	
23 STREET ADDRESS	4500 ARGYLE LANE	
24 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	
31 TITLE	STD	☒ Change ☐ Addition
32 NAME	JAN JEWELL	
33 STREET ADDRESS	4547 ARGYLE LANE	
34 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	
41 TITLE	STD	☒ Change ☐ Addition
42 NAME	KATHY MORRIS	
43 STREET ADDRESS	4539 ARGYLE LANE	
44 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	
51 TITLE	D	☐ Change ☐ Addition
52 NAME	VIC MATHENY	
53 STREET ADDRESS	4487 ARGYLE LANE	
54 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	
61 TITLE	D	☐ Change ☐ Addition
62 NAME	PAUL ZAJICEK	
63 STREET ADDRESS	4543 ARGYLE LANE	
64 CITY-ST-ZIP	TALLAHASSEE, FLA. 32308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Vivian E. Andres VIVIAN E. ANDRES April 12, 1995 878 2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007833

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is inco ... enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this of

Block 3a. Enter the file date of the last filed annual report, if applicat

Block 4. Complete Block 4 by entering your Federal Employer Ider ... rinted in Block 4, you must now provide the FEI number. For assistance with FEI num

Block 5. Should you desire a certificate reflecting your corporatio ... lditional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribution of $5.00 p ... for the offices of the Governor and members of the Cabinet. If you would like to contrib

Block 7. If this corporation is a non-profit corporation exempt fr ... ick the box. The corporation is not subject to the $68.75 supplemental corporate fee ... ust pay the supplemental corporation fee. Please direct all questions to the IRS a

Block 8. Check the appropriate box. Please direct all intangible t

Block 9. The law requires that each corporation have a Register ... t, enter the correct information in Block 10. There is no additional fee to change the Re

Block 10. Enter name of new Registered Agent and/or new addre ... eptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTER

Block 11. The new registered agent must indicate familiarity wit ... appointment by completing and signing in Block 11. No signature is necessary if the s ... , the person signing must state their position with the corporation. NOTE: Registered

Block 12. Block 12 contains the last information on officers/dir ... ns or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

742302 4-12-95
Our last Secretary, Jonamie Hawkins resigned - I held the office until the new board was elected. I filled out & paid this filing fee since the secretary - treasurer has not been put on the bank account yet -
Vivian Audrey
4491 Argyle Trn.
Talla. 32308
PH. 878-2523

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.