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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 742302 (3)

1. Corporation Name

MICCOSUKEE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12804 ~~P O BOX 12804~~ TALLAHASSEE FL 32317 US	P.O. BOX 12804 TALLAHASSEE FL 32317 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/06/1978

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JEWELL, JAN		1.2 NAME	DONALD W BROWNING	
STREET ADDRESS	4547 ARGYLE LANE		1.3 STREET ADDRESS	4527 Argyle Lane	
CITY-ST-ZIP	TALLAHASSE, FL 00000		1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	PD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DIETRICH, BRUCE		2.2 NAME	VIC MATHENY	
STREET ADDRESS	4423 ARGYLE LANE		2.3 STREET ADDRESS	4487 Argyle Lane	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	STD	☒ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ADKINS, SHERI		3.2 NAME	Carolyn Dandria	
STREET ADDRESS	4456 ARGYLE LN		3.3 STREET ADDRESS	4474 Argyle Lane	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VPD	☒ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	COHEE, LEE		4.2 NAME	Allen Parris	
STREET ADDRESS	4500 ARGYLE LN		4.3 STREET ADDRESS	4460 Argyle Lane	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		4.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MATHENY, VIC		5.2 NAME	Mark Adkins	
STREET ADDRESS	4487 ARGYLE LANE		5.3 STREET ADDRESS	4456 Argyle Lane	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZAJICEK, PAUL		6.2 NAME		
STREET ADDRESS	4543 ARGYLE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Allen M. Parris 4/2/98 (850)-297-6979