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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771173

1. Corporation Name

JAPONICA FOREST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1904 TYTY COURT
TALLAHASSEE FL 32308
US

Mailing Address

1904 TYTY COURT
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21 1916 TY TY COURT

2a. Mailing Address

26 1916 TY TY COURT

3. Date Incorporated or Qualified

11/09/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2675329

Applied For

Not Applicable

City & State

23 TALLAHASSEE - FL

City & State

28 TALLAHASSEE - FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 32308

Country

25 LEON

Zip

29 32308

Country

30 LEON

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MEYER, LINDA
1904 TY TY COURT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name RON MCCRANIE

82 Street Address (P.O. Box Number is Not Acceptable)

1916 TY TY COURT

83

84 City TALLAHASSEE

FL

85 Zip Code 32308

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]* RON MCCRANIE

3/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, DONALD	
STREET ADDRESS	1904 TY TY COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCFADDEN, SHIRLEY	
STREET ADDRESS	1906 TY TY COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, LINDA	
STREET ADDRESS	1904 TY TY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHIRLEY MCCFADDEN	
1.3 STREET ADDRESS	1906 TY TY COURT	
1.4 CITY-ST-ZIP	TALLAHASSEE-FL-32308	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLEN YATES	
2.3 STREET ADDRESS	1903 TY TY COURT	
2.4 CITY-ST-ZIP	TALLAHASSEE-FL-32308	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RON MCCRANIE	
3.3 STREET ADDRESS	1916 TY TY COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE-FL-32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED RON MCCRANIE 3/1/99 850-671-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)