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**Jan 25, 1999 8:00am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # N10569**

1. Corporation Name

**BEHRINGER AND HOWELL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

2611 SE 17TH STREET  
 C/O FREDERICK R. BEHRINGER, JR.  
 OCALA FL 32671

Mailing Address

2611 SE 17TH STREET  
 C/O FREDERICK R. BEHRINGER, JR.  
 OCALA FL 32671



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/06/1985

4. FEI Number

59-2017252

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

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

*FREDERICK R. BEHRINGER, JR. M.D.*

1/4/99

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 PDS  DELETE  
 NAME BEHRINGER, FREDERICK R.  
 STREET ADDRESS 2627 SE 16TH STREET  
 CITY-ST-ZIP OCALA FL

TITLE TVD  DELETE  
 NAME HUGHES, STEVE  
 STREET ADDRESS 1128 SE 14TH AVE.  
 CITY-ST-ZIP OCALA FL

TITLE D  DELETE  
 NAME BEHRINGER, SUSAN  
 STREET ADDRESS 2627 SE 16TH ST.  
 CITY-ST-ZIP OCALA FL

TITLE D  DELETE  
 NAME HUGHES, PRISCILLA  
 STREET ADDRESS 1128 SE 14TH AVE.  
 CITY-ST-ZIP OCALA FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  Change  Addition

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  Change  Addition

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  Change  Addition

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  Change  Addition

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  Change  Addition

6.1 TITLE  Change  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: *FREDERICK R. BEHRINGER, JR. M.D.*

1/4/99

352-629-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)