SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED**
**Aug 02, 1999 8:00 am**
**Secretary of State**
08-02-1999 90006 011 ****61.25

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DOCUMENT # N18667

1. Corporation Name
NATURAL WELLS II HOMEOWNERS ASSOCIATION, INC.

599499 - 90006 - 11

| Principal Place of Business | Mailing Address |
|---|---|
| 1176 CAPTIAL CIRCLE SE<br>TALLAHASSEE FL 32301<br>US | 1176 CAPITAL CIRCLE SE<br>TALLAHASSEE FL 32301<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 P. O. Box 1192 | 2a. Mailing Address<br>26 P. O. Box 1192 | 3. Date Incorporated or Qualifed<br>01/08/1987 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2325181 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Woodville, FL | City & State<br>28 Woodville, FL | 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip / Country<br>24 32362 25 USA | Zip / Country<br>29 32362 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

PETRANDIS, JIMMY G.
1174 CAPITAL CIRCLE, S.E.
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

81 Name: John T. Humphrey
82 Street Address (P.O. Box Number is Not Acceptable): 2716 N. Natural Wells Dr.
83: (This is a physical address-no mailbox)
84 City: Tallahassee FL 85 Zip Code: 32311

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 X John T. Humphrey 7-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | D/P | ☒ Change ☐ Addition |
| NAME | PETRANDIS, ANGELO | | 1.2 NAME | John T. Humphrey | |
| STREET ADDRESS | 1174 CAPITAL CIRCLE,S.E. | | 1.3 STREET ADDRESS | P. O. Box 851 N/A | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | Woodville, FL 32362 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D/V | ☒ Change ☐ Addition |
| NAME | PETRANDIS, JIMMY G. | | 2.2 NAME | Henry M. McClamma | |
| STREET ADDRESS | 1174 CAPITAL CIRCLE,S.E. | | 2.3 STREET ADDRESS | P. O. Box 138 N/A | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 2.4 CITY-ST-ZIP | Woodville, FL 32362 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D/T | ☒ Change ☐ Addition |
| NAME | PETRANDIS, JOHNNY G. | | 3.2 NAME | Dianne O'Neil | |
| STREET ADDRESS | 1174 CAPITAL CIRCLE,S.E. | | 3.3 STREET ADDRESS | 2103 Natural Wells Dr. | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4. CITY-ST-ZIP | Tallahassee, FL 32311 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | D/S | ☒ Change ☐ Addition |
| NAME | | | 4. 2 NAME | Lisa Swearengin | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | P. O. Box 1303 N/A | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Woodville, FL 32362 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/99)

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:** X John T. Humphrey SIGNATURE REQUIRED 7/25/99 421-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #