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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N29115 (5)**

1. Corporation Name
OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O RICHARD E. BENTON 225-SOUTH-ADAMS-STREET-SUITE 200 TALLAHASSEE-FL-32301
C/O RICHARD E. BENTON 225-SOUTH-ADAMS-STREET-SUITE-200 TALLAHASSEE-FL-32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 03/31/1994
4. FEI Number 59-2948258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 C/O Richard E. Benton	26 C/O Richard E. Benton
Suite, Apt. #, etc. 22 3837-A Killbuck Ct.	Suite, Apt. #, etc. 27 3837-A Killbuck Ct.
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip 24 32308	Country 25 USA
Zip 29 32308	Country 30 USA

9. Name and Address of Current Registered Agent
**BENTON, RICHARD E.
225-SOUTH-ADAMS STREET
SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name Richard E. Benton
82 Street Address (P.O. Box Number is Not Acceptable) 3837-A Killbuck Ct.
83
84 City Tallahassee
85 State FL
86 Zip Code 32308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SOLO, GUS V.	1.1 TITLE P	THOMPSON Clay
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP TALLAHASSEE FL	1.2 NAME	P.O. Box 38382 N/A
TITLE STD	NAME BROWN, BRAD	1.3 STREET ADDRESS	Tallahassee, FL 32315
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE D	NAME MONIZ, DANIEL J	2.1 TITLE	
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP TALLAHASSEE FL	2.2 NAME	
TITLE D	NAME EGAN, JUDY	2.3 STREET ADDRESS	
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE D	NAME BARDOLPH mark	3.1 TITLE	
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP Tallahassee, FL 32315	3.2 NAME	
TITLE D	NAME BURCHAM Kathy	3.3 STREET ADDRESS	
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP Tallahassee, FL 32315	3.4 CITY-ST-ZIP	
TITLE V	NAME HERSWEL DAVID	4.1 TITLE	
STREET ADDRESS P.O. BOX 38382 N/A	CITY-ST-ZIP Tallahassee, FL 32315	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: **Bradley N Brown** 2/21/95 904-669-3713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)