

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 DAVID A. THERIAQUE, ESO.**  
**909 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**  
**US**

3. Date Incorporated or Qualified **11/03/1988** 3a. Date of Last Report **03/15/1995**  
 4. FEI Number **59-2948258** 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**THERIAQUE, DAVID A**  
**909 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83. **900001883319**  
**-07/03/96--01040--050**  
 84. City **\*\*\*61.25** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>P</del> <del>THOMPSON, CLAY</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>THOMPSON, CLAY</del>	1.2 NAME	CALLAN, ROBERT M.
STREET ADDRESS	<del>P.O. BOX 38382 N/A</del>	1.3 STREET ADDRESS	P.O. BOX 38382 N/A
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BROWN, BRAD</del>	2.2 NAME	NEWCOMER, TRACEY M.
STREET ADDRESS	<del>P.O. BOX 38382 N/A</del>	2.3 STREET ADDRESS	P.O. BOX 38382 N/A
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIZ, DANIEL J	3.2 NAME	
STREET ADDRESS	P.O. BOX 38382 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	3.4 CITY-ST-ZIP	32315
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BARDOLPH, MARK</del>	4.2 NAME	ROSEN, HENRY
STREET ADDRESS	<del>P.O. BOX 38382 N/A</del>	4.3 STREET ADDRESS	P.O. BOX 38382 N/A
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BURCHAM, KATHY</del>	5.2 NAME	NEWCOMER, DOUGLAS A
STREET ADDRESS	<del>P.O. BOX 38382 N/A</del>	5.3 STREET ADDRESS	P.O. BOX 38382 N/A
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	<del>V</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HERSHEL, DAVID</del>	6.2 NAME	GUNNELS, RICHARD
STREET ADDRESS	<del>P.O. BOX 38382 N/A</del>	6.3 STREET ADDRESS	P.O. BOX 38382
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315

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 119.07(3)(k), 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: \_\_\_\_\_ **SIGNATURE REQUIRED** 7/2/96 Date 507-0811 Daytime Phone #

CR2E037 (3/96)