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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N29115 (5)  
1. Corporation Name  
OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O DAVID A. THERIAQUE, ESQ. 909 EAST PARK AVENUE TALLAHASSEE FL 32301 US		C/O DAVID A. THERIAQUE, ESQ. 909 EAST PARK AVENUE TALLAHASSEE FL 32301-2646 US		11/03/1988	07/02/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2948258	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	\$5.00 May be Added to Fees		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THERIAQUE, DAVID A 909 EAST PARK AVENUE TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CALLAN, ROBERT M			1.2 NAME	Grant Caputo		
STREET ADDRESS	PO BOX 38282			1.3 STREET ADDRESS	6323 Mallard Trace		
CITY-ST-ZIP	TALLAHASSEE FL 32315			1.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEWCOMER, TRACEY H			2.2 NAME	Sarah Moniz		
STREET ADDRESS	PO BOX 38282			2.3 STREET ADDRESS	6244 Hones Hill Circle		
CITY-ST-ZIP	TALLAHASSEE FL 32315			2.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Michael Wernke - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONIZ, DANIEL J			3.2 NAME	534 Meadow Ridge Dr		
STREET ADDRESS	P.O. BOX 38382 N/A			3.3 STREET ADDRESS	Tallahassee, FL 32312		
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSEN, HENRY			4.2 NAME	Geoffrey Hamel		
STREET ADDRESS	P.O. BOX 38382 N/A			4.3 STREET ADDRESS	558 Meadow Ridge Dr		
CITY-ST-ZIP	TALLAHASSEE FL			4.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEWCOMER, DOUGLAS A			5.2 NAME	Keith Hamilton		
STREET ADDRESS	P.O. BOX 38382 NA			5.3 STREET ADDRESS	6346 Glasgow Dr		
CITY-ST-ZIP	TALLAHASSEE FL 32315			5.4 CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNNELS, RICHARD			6.2 NAME	Gunnels, Richard		
STREET ADDRESS	P.O. BOX 38382 NA			6.3 STREET ADDRESS	P.O. Box 6318 Mallard Trace		
CITY-ST-ZIP	TALLAHASSEE FL 32315			6.4 CITY-ST-ZIP	Tallahassee, FL 32312		

14. I do 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.

CR2E037 (9/96)