

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29115 (5)**  
 1. Corporation Name  
**OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business C/O DAVID A. THERIAQUE, ESO. 909 EAST PARK AVENUE TALLAHASSEE FL 32301 US	Mailing Address C/O DAVID A. THERIAQUE, ESO. 909 EAST PARK AVENUE TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified <b>11/03/1988</b>		
4. FEI Number <b>59-2948258</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAPELUTO, GRANT</b>
STREET ADDRESS	<b>6323 MALLARD TRACE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MONIZ, SARAH</b>
STREET ADDRESS	<b>6244 HINES HILL CIRCLE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WERNKE, MICHAEL</b>
STREET ADDRESS	<b>534 MEADOW RIDGE DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAMIL, GEOFFREY</b>
STREET ADDRESS	<b>558 MEADOW RIDGE DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAMILTON, KEITH</b>
STREET ADDRESS	<b>6366 GLASGOW DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GUNNELS, RICHARD</b>
STREET ADDRESS	<b>6348 MALLARD TRACE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 my address.

**SIGNATURE:** \_\_\_\_\_ **NOTARIAL SEAL REQUIRED**

CR2E037 (10/97)