

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

99 SEP 14 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N29115

1. Corporation Name

OX BOTTOM MANOR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

C/O DAVID A. THERIAQUE, ESO.
 837 EAST PARK AVENUE
 TALLAHASSEE FL 32301
 US

Mailing Address

C/O DAVID A. THERIAQUE, ESO.
 837 EAST PARK AVENUE
 TALLAHASSEE FL 32301
 US



2. Principal Place of Business

21 837 EAST PARK AVENUE

Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 837 EAST PARK AVENUE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

11/03/1988

4. FEI Number

59-2948258

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

837 THERIAQUE, DAVID A
 837 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)
 837 E. PARK AVENUE
 84 City 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moniz, Dan	
1.3 STREET ADDRESS	6244 Hines Hill Circle	
1.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500002989355--4	
2.4 CITY-ST-ZIP	-09/17/99--01007--021	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Callan, Bob	
4.3 STREET ADDRESS	6138 Borderline Dr.	
4.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GriFFin, John	
5.3 STREET ADDRESS	489 meadow ridge Dr	
5.4 CITY-ST-ZIP	Tallahassee, Fl	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fairbanks, John	
6.3 STREET ADDRESS	6358 Belgrand Dr	
6.4 CITY-ST-ZIP	Tallahassee, Fl	

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: *[Signature]* DATE: 9/10/99 DAYTIME PHONE # 668-7848

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CR2037 (5/99)