

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000447 (2)
 1. Corporation Name
OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	Mailing Address 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1994	3a. Date of Last Report
4. FEI Number 59-3220292	Applied For <input type="checkbox"/> Not Applicable

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

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 C. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONNER, MARK A
7118 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312**

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

FL

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

TITLE	D
NAME	CONNER, MARK A
STREET ADDRESS	7118 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	D
NAME	PREISS, JAMES A
STREET ADDRESS	7118 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	D
NAME	TAYLOR, NANCY A
STREET ADDRESS	7118 BEECH RIDGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Albert J. Conner, Jr.	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	James F. Heidenreich	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 116.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, with an attachment with an address.

SIGNATURE: _____ **May 4, 1995** (904)668-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Office #)