

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000447 (2)
1. Corporation Name
OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.

FILED
97 APR 30 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312~~ ~~7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312-0042~~

3. Date Incorporated or Qualified **01/28/1994** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-3220292** 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 **431 Waverly Road** 26 **431 Waverly Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Tallahassee, FL** 28 **Tallahassee, FL**
Zip Country Zip Country
24 **32312** 25 **USA** 29 **32312** 30 **USA**

9. Name and Address of Current Registered Agent
~~GONNER, MARK A
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL 32312~~

10. Name and Address of New Registered Agent
81 Name **Dan L. Isaacs**
82 Street Address (P.O. Box Number Is Not Acceptable)
431 Waverly Road
83 **60002167946--3**
05/06/97--01104--010
84 City **Tallahassee** *******61.2FL***923125**

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]* **Dan Lee Isaacs** **4/28/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME ~~PD
GONNER, MARK A
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL~~
TITLE DELETE
NAME ~~VPD
GONNER, ALBERT J JR
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL~~
TITLE DELETE
NAME ~~STD
HEIDENREICH, JAMES F
7110 BEECH RIDGE TRAIL
TALLAHASSEE FL~~
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Ray Vickers**
1.3 STREET ADDRESS **5970 Love Ridge Dr**
1.4 CITY - ST - ZIP **Tallahassee FL 32312**
2.1 TITLE Change Addition
2.2 NAME **Bill Blauvelt**
2.3 STREET ADDRESS **125 Love Ridge Ct.**
2.4 CITY - ST - ZIP **Tall FL 32312**
3.1 TITLE Change Addition
3.2 NAME **Ken Tyrell**
3.3 STREET ADDRESS **200 Sugar Plum Dr.**
3.4 CITY - ST - ZIP **Tallahassee FL 32312**
4.1 TITLE Change Addition
4.2 NAME ~~Dan L. Isaacs~~
4.3 STREET ADDRESS ~~431 Waverly Road~~
4.4 CITY - ST - ZIP ~~Tallahassee FL 32312~~
5.1 TITLE Change Addition
5.2 NAME **Aletta Shutes**
5.3 STREET ADDRESS **6006 Love Ridge Dr**
5.4 CITY - ST - ZIP **Tallahassee FL 32312**
6.1 TITLE Change Addition
6.2 NAME **Elyse Kenney**
6.3 STREET ADDRESS **6013 Love Ridge Dr.**
6.4 CITY - ST - ZIP **Tall FL 32312** **MWB**

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.

SIGNATURE: *[Signature]* **REQUIRED** **4/28/97** **531-0627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006507

CR2E037 (9/96)