

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.



Principal Place of Business 431 WAVERLY ROAD TALLAHASSEE FL 32312	Mailing Address 431 WAVERLY ROAD TALLAHASSEE FL 32312
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3. Date Incorporated or Qualified 01/28/1994	
4. FEI Number 59-3220292	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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. 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	

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

9. Name and Address of Current Registered Agent

**ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKERS, RAY	1.2 NAME	D P Lisa Reid
STREET ADDRESS	5970 LOVE RIDGE DR	1.3 STREET ADDRESS	141 love ridge Ct
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	Tall FL 32312
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAUVELT, BILL	2.2 NAME	D S Neal Johnson
STREET ADDRESS	125 LOVE RIDGE CT	2.3 STREET ADDRESS	140 love ridge Dr
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	Tall FL 32312
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRELL, KEN	3.2 NAME	D T Connie Kundrat
STREET ADDRESS	200 SUGAR PLUM DR	3.3 STREET ADDRESS	6009 love ridge Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUTES, ALETTA	4.2 NAME	D VP Gary Wisk
STREET ADDRESS	6006 LOVE RIDGE DR	4.3 STREET ADDRESS	148 love ridge Ct
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	Tall FL 32312
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, ELYSE	5.2 NAME	DS
STREET ADDRESS	6013 LOVE RIDGE	5.3 STREET ADDRESS	5.8
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002518742
STREET ADDRESS		6.3 STREET ADDRESS	-05/11/98--01085--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 its 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 by or in attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)