

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 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 # N98000000265  
1. Corporation Name  
Settlement Road Roadowners Association, Inc.

Principal Place of Business Mailing Address  
13120 Old Settlement Rd.  
Tallahassee, Fl. 32308

3. Date Incorporated or Qualified  
April 21, 1997

4. FEI Number Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Same as above 26 Same as above

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

City & State 28 City & State

7. Is this nonprofit corporation a homeowners Association?  
 Yes  No

Zip Country 29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
Daniel Manoussa  
3520 Thomasville Rd.  
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 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	Board of Directors	<input type="checkbox"/> DELETE
NAME	Rick Allen	
STREET ADDRESS	Rt. 7 Box 922-B	
CITY-ST-ZIP	Tallahassee Fl. 32308	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Van freed	
STREET ADDRESS	Rt. 7 Box 924-B	
CITY-ST-ZIP	Tallahassee Fl. 32308	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Millie Koelliker	
STREET ADDRESS	Rt. 7 Box 923-B	
CITY-ST-ZIP	Tallahassee Fl. 32308	
TITLE	President - Director	<input type="checkbox"/> DELETE
NAME	Julia West	
STREET ADDRESS	13120 Old Settlement Rd.	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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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.

SIGNATURE: Julia West  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/98 681-5704  
Date Daytime Phone #

CR2E037 (10/97)